

DEPT.-65

JOB- 28

REEL- 9



**CITY OF BALTIMORE**

**HEALTH DEPT.**

**BUREAU OF**

**VITAL STATISTICS**

**BIRTHS**

**BEGINNING 1875**

FORM RM 1 (11-55) RETAIN-PERM.			Authorization No. <b>346</b>	
<b>REQUEST FOR RETENTION PERIOD</b>			Department: <b>Health</b>	
To: Records Management Officer Room 408, City Hall, Baltimore, 2, Md.			Bureau: <b>Vital Statistics</b>	
<b>Record Identification</b>				
1. TITLE:  <b>Certificate of Live Birth</b>		2. Form No. if available		3. Type—(cards, paper, etc.)  <b>Bound Book</b>
4. Dates	5. Volume accumulated yearly	6. Size of Record <b>Misc.</b>	7. Number of copies made	
8. Authorization Requested (check only one (1) of the squares below)				
A. Establish retention period for records which are accumulating daily. <input type="checkbox"/>		B. Dispose of present accumulation, no additional accumulation anticipated. <input type="checkbox"/>		C. Microfilm and destroy originals. <input type="checkbox"/>
				D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/> <b>X</b>
9. Recommended Retention Period			10. Equipment and space freed.	
a. In Dept. <b>70 yrs.</b>			11. In your opinion does this record have any historical significance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>X</b>	
b. In Storage Center <b>Micro. Perm.</b>				
c. Total and <b>Micro. Perm.</b>				
12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)				
<p style="text-align: center;">These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.</p> <p style="text-align: center;">RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes. Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.</p>				
Department or Bureau Approval			Title: <b>Commissioner of Health</b> Date: <b>3/25/63</b>	
<b>Recommendation of Records Management Officer</b>				
13. Recommended Retention Period			14. Disposal Method	
a. In Dept. <b>70 yrs.</b>	b. In Storage Center <b>Microfilm Permanent</b>	c. Total and <b>Microfilm Permanent</b>	A. To be sold as scrap or waste paper <input type="checkbox"/> B. To be Burned or shredded <input checked="" type="checkbox"/> <b>X</b> C. Historical, (to be transferred to Dept. of Legislative Reference.) <input type="checkbox"/>	
REMARKS: <b>2 negative rolls</b> <b>1 positive roll</b>				
			Records Management Officer: <b>C. P. Poole</b> Date: <b>3/28/63</b>	

**APPROVALS OF RECORDS DISPOSAL COMMITTEE**

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER  
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE



CITY HALL  
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE  
RECORDS MANAGEMENT DIVISION

## DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT  
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE  
DEPARTMENT OF HEALTH BUREAU OF VITAL  
STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS  
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-  
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-  
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION  
NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN  
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR  
ON JUNE 4, 1954.

**FILED ON FILM**

**IN**

**NUMERICAL ORDER**

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

31437

HEALTH  
JUN  
9  
1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether male or female) *Male* *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *5 June*
4. Place of Birth (Street and Number) *Corner Courtland and Easton*
5. Full Name of Mother *Melchora Hummer*
6. Mother's Maiden Name *Villas*
7. Mother's Birthplace *George Hummer*
8. Full Name of Father *Baltimore*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Safford Lister*
- Address *107 & Greenby St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 5 June
4. Place of Birth (Street and Number) No 28 Caroline St
5. Full Name of Mother Lewisette Altwater
6. Mother's Maiden Name Brown
7. Mother's Birthplace Baltimore
8. Full Name of Father John Altwater
9. Father's Occupation City Porter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Stephen L. Brown
- Address No 70 Greenway St. Balt
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31468  
JUN 9 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *5 June*  
4. Place of Birth (Street and Number) *Hanover st. No 71/12*  
5. Full Name of Mother *Mrs Johanna Wilhelmina Smarke*  
6. Mother's Maiden Name *J. M. Rodarg*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *August Smarke*  
9. Father's Occupation *Workman at Box Making*  
10. Father's Birthplace *Halsin Germany*  
Name of Medical Attendant, or other Person who makes this Return. *Midwife Mrs Giesinger*  
Address *14 Barron st*  
Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

314571



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / <sup>th</sup> \_\_\_\_\_
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 5<sup>th</sup> 1879
4. Place of Birth (Street and Number) No 272 Franklin st
5. Full Name of Mother Margaret Morrisett
6. Mother's Maiden Name Margaret Hamlin
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Morrisett
9. Father's Occupation Clerk
10. Father's Birthplace Manchester La.
- Name of Medical Attendant, or other Person who makes this Return. Anna Hillegeist
- Address No 182 Monument St
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar at least, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Caucasian*  
 3. Date of Birth *June 5 1879*  
 4. Place of Birth (Street and Number) *749 Madison Ave*  
 5. Full Name of Mother *Juliette*  
 6. Mother's Maiden Name *Sauntleroy*  
 7. Mother's Birthplace *Virginia*  
 8. Full Name of Father *Charles C. Wright*  
 9. Father's Occupation *Professor in Balt. City College*  
 10. Father's Birthplace *Virginia*  
 Name of Medical Attendant, or other Person who make this Return. *J. R. Page M. D.*  
 Address *220 Linden Ave.*  
 Remarks *Placenta Peria - Dampson - Barnes dilator*  
*Forceps. - Mother & child both living & doing well.*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31136  
HEALTH DEPT. CITY OF BALTIMORE  
JUN 13 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 8<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *356 Linnale St*

5. Full Name of Mother *Elizabeth Weston*

6. Mother's Maiden Name *Ferguson*

7. Mother's Birthplace *Washington D.C.*

8. Full Name of Father *Mr. P. Weston*

9. Father's Occupation *Clirk*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *D. L. Williams M.D.*

Address *2501 Madison Ave*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup> Child*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *June 5<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *Cor Duane & Fairmount Ave*

5. Full Name of Mother *Maggie Ashbury*

6. Mother's Maiden Name *Maggie Stahl*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Ashbury*

9. Father's Occupation *Insurance Dealer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return *Lizann Morgan*

Address *17 N Duane St*

Remarks

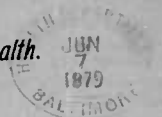
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31438



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether Male or Female) *female*
  2. Race or Color (if not of the white race) *Colored race*
  3. Date of Birth *June the 5. 18 79*
  4. Place of Birth (Street and Number) *215 Muliken St Baltimore Md*
  5. Full Name of Mother *Rebecca Bridge*
  6. Mother's Maiden Name *Rebecca Eves*
  7. Mother's Birthplace *Baltimore County Md*
  8. Full Name of Father *John Bridge*
  9. Father's Occupation *Sales*
  10. Father's Birthplace *South Carolina*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woolford*
- Address *130 Regester St Baltimore Md*
- Remarks

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311489  
HEALTH DEPT.  
JUN 13 1879  
M.D.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth June 5<sup>th</sup> 1879
4. Place of Birth (Street and Number) 253 S. Broadway
5. Full Name of Mother Margaret Mc Greevy
6. Mother's Maiden Name Boyd
7. Mother's Birthplace Ireland
8. Full Name of Father Cornelius Mc Greevy
9. Father's Occupation Salvagekeeper
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Pierre G. Dauschmidt.
- Address 27 W. Broadway.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311160

HEALTH DEPT  
JUN 14  
1879  
IMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1- Primipara*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 5th 1879*
4. Place of Birth (Street and Number) *272 N. 2nd St. Baltimore*
5. Full Name of Mother *Margaret M. Harris*
6. Mother's Maiden Name *Margaret M. Harris*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Chas. H. Harris*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Manchester Va*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Emerson Smith D.C.*
- Address *130 Arlington Ave. Edmondson Ave.*
- Remarks

That any physician, seconchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31461

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 5th June  
 4. Place of Birth (Street and Number) 175 Orleans St  
 5. Full Name of Mother Edith Brown  
 6. Mother's Maiden Name Edith Anthony " Anthony  
 7. Mother's Birthplace Baltimore Balto  
 8. Full Name of Father William A Brown William Reese Brown  
 9. Father's Occupation Engineer Engineer  
 10. Father's Birthplace Balto Balto  
 Name of Medical Attendant, or other Person who makes this Return. J. J. Gross  
 Address 137 Orleans St  
 Remarks



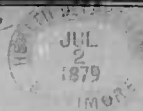
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31162



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

(5) June 8<sup>th</sup> 1879

4. Place of Birth (Street and Number)

No 44 Greenmount Ave

5. Full Name of Mother

Laura Thomas

6. Mother's Maiden Name

Laura Jones

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Harry L Thomas

9. Father's Occupation

Brickman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Harry Anna Atwell

Address

286 W. Lombard St

Remarks

(Child not named yet)

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 5<sup>th</sup> 1879
4. Place of Birth (Street and Number) 305 N. Eden St
5. Full Name of Mother Martha Ann Wilkison
6. Mother's Maiden Name " " Cummings
7. Mother's Birthplace Virginia
8. Full Name of Father James H. Park Wilkison
9. Father's Occupation Book Binder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Geo. B. Reynolds
- Address 437 E. Calvert St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31464

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

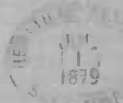
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4<sup>th</sup>  
Male  
White  
June 5<sup>th</sup> 1879  
No 828 Summit St  
Sus Wickers  
Sue Scholt  
Baltimore City  
John Wickers  
Engineer  
Baltimore City  
J H Wampler Prop.  
No 203 W Lombard St



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 5<sup>th</sup> 1879
4. Place of Birth (Street and Number) no. 152 Sterling st.
5. Full Name of Mother Mary F. Smith
6. Mother's Maiden Name Mary Brown
7. Mother's Birthplace Baltimore
8. Full Name of Father Louis F. Smith
9. Father's Occupation Bar Keeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lena H. Ugeist
- Address no. 184 E. Monument st.
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31466

JUN 10 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*  
1. Sex (state whether Male or Female) *Boys*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *born on 5<sup>th</sup> June*  
4. Place of Birth (Street and Number) *No 150 Eastern St*  
5. Full Name of Mother *Lori Müller*  
6. Mother's Maiden Name *Lori Meisen*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Charles Müller*  
9. Father's Occupation *Handwerker*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return *Frederike Haupmann*  
Address *No 197 S. Talloer Str*  
Remarks *Hemme*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 5*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *The 5 of June*

4. Place of Birth (Street and Number) *No 212 Eges St*

5. Full Name of Mother *Calisabat Ballard*

6. Mother's Maiden Name *Calisabat Mc Clellan*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *August Ballard*

9. Father's Occupation *Labor*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Sauer*

Address *172 Harper street*

Remarks *1186*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *June the 5<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Belmont St 176 Baltimore Md*
5. Full Name of Mother *Elvirth Hilbert*
6. Mother's Maiden Name *Elvirth Blake*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *William Hilbert*
9. Father's Occupation *ryebres Shurker*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Louisa Haulford*
- Address *130 register St Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

341-69

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 6<sup>th</sup>*
4. Place of Birth (Street and Number) *N<sup>o</sup> 494 Canton ave Baltimore Md*
5. Full Name of Mother *Annie M. Freeman*
6. Mother's Maiden Name *Annie M. Vagts*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Edward B. Freeman*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs Wiley*
- Address *No 12 Patterson Park*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or observe at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White race
3. Date of Birth June 6th 1879
4. Place of Birth (Street and Number) Dallas St 238
5. Full Name of Mother Caroline Shovel
6. Mother's Maiden Name Henrich
7. Mother's Birthplace Balto Md
8. Full Name of Father Henry Shovel
9. Father's Occupation Carpenter
10. Father's Birthplace Bohemia
- Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Hilzig
- Address 48 H. Howard St
- Remarks

MISSING

~~#~~ 31471

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Tenth & Eleventh*
1. Sex (state whether Male or Female) *Twins both Females*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 6<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *N 297 Madison Avenue*
5. Full Name of Mother *Mary H. Brehme*
6. Mother's Maiden Name *Mary Hall*
7. Mother's Birthplace *Annapolis Co Maryland*
8. Full Name of Father *Ottomar Brehme*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Kensicht Sacony*
- Name of Medical Attendant, or other Person who makes this Return. *J. Whetard M.D.*
- Address *1114 Park Ave.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



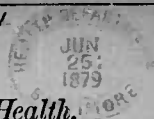
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 6. 1879*
4. Place of Birth (Street and Number) *85 Audine Ave*
5. Full Name of Mother *Sarah E. Norman*
6. Mother's Maiden Name *Sarah E. Ward*
7. Mother's Birthplace *Anne Arundel Co Md*
8. Full Name of Father *Wm. Edward Norman*
9. Father's Occupation *Locksmith and Bell Hanger*
10. Father's Birthplace *Charles Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *James Bosley M.D.*
- Address *819 N. E. St. City*
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the father's name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 6<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *#176 P. Caroline Str.*
5. Full Name of Mother *E. C. Weiss*
6. Mother's Maiden Name *Emma Crane*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *John E. Weiss*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Simons*
- Address *#171 Washington Str.*
- Remarks *H.P.*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 6 1879
4. Place of Birth (Street and Number) 129 East Biddle St
5. Full Name of Mother Annie Smith
6. Mother's Maiden Name Annie O'Brien
7. Mother's Birthplace Philadelphia
8. Full Name of Father Alexander R. Smith
9. Father's Occupation Show Card Writer
10. Father's Birthplace Providence Rhode Island
- Name of Medical Attendant, or other Person who makes this Return. Mrs L. A. C. Overtor
- Address 10 North Wolf St
- Remarks Live Born

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

31476



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 6<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *\* 506 N. Washington str near fane*
5. Full Name of Mother *Socilia V. Walker*
6. Mother's Maiden Name *" Clemmens*
7. Mother's Birthplace *Washington D.C.*
8. Full Name of Father *Joseph Edw. Walker*
9. Father's Occupation *Book Seller & Agent*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Bohme M.D.*
- Address *# 86 E. Fayette str*
- Remarks *Natural Labor*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31477

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th child  
 1. Sex (state whether Male or Female) female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 6 1879  
 4. Place of Birth (Street and Number) Alys Aly No 35  
 5. Full Name of Mother Elizabeth Konder  
 6. Mother's Maiden Name Elizabeth Snooker  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father William Konder  
 9. Father's Occupation Drayman  
 10. Father's Birthplace Easton Shore  
 Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson  
 Address No 10 Alys St  
 Remarks



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

31478  
HEALTH OFFICE  
JUN 13 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 6<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 6. Monument St*
5. Full Name of Mother *Amelia Junk*
6. Mother's Maiden Name *Amelia Kuhn*
7. Mother's Birthplace *Germany*
8. Full Name of Father *August Junk*
9. Father's Occupation *Barber*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Hillegast*
- Address *No. 682 Monument St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31479

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

June 6th 1879

4. Place of Birth (Street and Number)

Kalorg st bet. Republican & Schreder

5. Full Name of Mother

Sarah Brown

6. Mother's Maiden Name

Baldson

7. Mother's Birthplace

Maryland

8. Full Name of Father

John Brown

9. Father's Occupation

Gardener

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Margaret Goldsborough

Address

445- Saratoga st

Remarks



**Correct Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

31180

JUN  
13  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*White*  
*June 6/79*  
*379 Wyandott St.*  
*Lizzie Wales*  
*Annex*  
*Balti ana*  
*Amosk Wales*  
*Machinist*  
*Balti ana*

*B. TORR*  
*H. L. Spearman*  
*379 Wyandott St.*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children; born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



Name: *Margaret O'Connor* 25

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 6, 1879*

4. Place of Birth (Street and Number) *Falls Road Pikes*

5. Full Name of Mother *Kate O'Connor*

6. Mother's Maiden Name *Clark*

7. Mother's Birthplace *Manchester England*

8. Full Name of Father *Frank O'Connor*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Pikesville Balt. Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Marbury Brewer M.D.*

Address *68 Mc Carroll St.*

Remarks

Exact Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311182

HEALTH DEPT  
JUN 24 1879  
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *111*
3. Date of Birth *June 6. 71*
4. Place of Birth (Street and Number) *689 Baltimore St.*
5. Full Name of Mother *Emma Curtis*
6. Mother's Maiden Name *Thigbt*
7. Mother's Birthplace *Carroll County Maryland*
8. Full Name of Father *Herold Curtis*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Howard County*
- Name of Medical Attendant, or other Person who makes this Return. *James Dunbar 60 Sharoter*
- Address *60 Sharoter*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31483

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_ *White*
3. Date of Birth \_\_\_\_\_ *June 6 1879*
4. Place of Birth (Street and Number) \_\_\_\_\_ *24 E. E. St.*
5. Full Name of Mother \_\_\_\_\_ *Mary Jones*
6. Mother's Maiden Name \_\_\_\_\_ *Wright*
7. Mother's Birthplace \_\_\_\_\_ *W. Va.*
8. Full Name of Father \_\_\_\_\_ *Wm. Jones*
9. Father's Occupation \_\_\_\_\_ *Merchant*
10. Father's Birthplace \_\_\_\_\_ *W. Va.*
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_ *Wm. Jones*
- Address \_\_\_\_\_ *24 E. E. St.*
- Remarks \_\_\_\_\_

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

314811  
JUL 1 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth June 6 1879

4. Place of Birth (Street and Number) 211 William St

5. Full Name of Mother Ellen Henrage

6. Mother's Maiden Name Ellen Bop

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John Henrage

9. Father's Occupation Teacher

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. H. D. D. D.

Address 114 Calverton Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311155  
JUN 10 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *female*
  2. Race or Color (if not of the white race) *Color race*
  3. Date of Birth *June the 7. 1879*
  4. Place of Birth (Street and Number) *2547 Chapel St Baltimore md*
  5. Full Name of Mother *Luizer Gross*
  6. Mother's Maiden Name *Luizer Gordon*
  7. Mother's Birthplace *Cornel Hill Baltimore County md*
  8. Full Name of Father *Charles Gross*
  9. Father's Occupation *Brickmaker*
  10. Father's Birthplace *Baltimore County md*
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Wolford*  
Address *130 Regester St Baltimore md*
- Remarks



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or witness at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311486



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 7th 1879*

4. Place of Birth (Street and Number) *267 S. E. Park St*

5. Full Name of Mother *Margaret E. Kneis*

6. Mother's Maiden Name *Margaret E. Gallagher*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *August J. Kneis*

9. Father's Occupation *Butcher*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Smith*

Address *100 N. E. Park St*

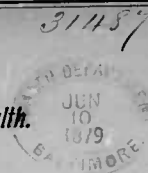
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 7<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *No. 41. Gager st*

5. Full Name of Mother *Lizzie Murphy*

6. Mother's Maiden Name *Lizzie Bauer*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Herman Murphy*

9. Father's Occupation *Bakery*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Hena Hillegeist*

Address *No. 182 E. Monmouth st*

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 7th

4. Place of Birth (Street and Number)

Hubert St R. E. of Nickelson St

5. Full Name of Mother

Matilda Becker

6. Mother's Maiden Name

Matilda Kort

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Adam Becker

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Margarette Ettel

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

311189  
JUN 6 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 7<sup>th</sup> 79*
4. Place of Birth (Street and Number) *120 S Ann St*
5. Full Name of Mother *Mary Harline*
6. Mother's Maiden Name *Marlin*
7. Mother's Birthplace *Germ.*
8. Full Name of Father *John Harline*
9. Father's Occupation *Baker*
10. Father's Birthplace *Germ.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Elizabeth Betts*
- Address *2450 Canton St*
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31490

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEP.  
JUN  
16  
1879  
IMPR

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Fourth

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

June 7<sup>th</sup>

4. Place of Birth (Street and Number)

Wilson St near John

5. Full Name of Mother

Mary Grafflin

6. Mother's Maiden Name

Wright

7. Mother's Birthplace

Ohio

8. Full Name of Father

George W. Grafflin Jr

9. Father's Occupation

clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Regina Buckler

Address

135 N. Charles St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31491

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *79 Division St - June 7<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *79 Division St*  
5. Full Name of Mother *Mary Ann Smith*  
6. Mother's Maiden Name *Mary Ann Harris*  
7. Mother's Birthplace *Virginia*  
8. Full Name of Father *Sam<sup>l</sup> Frank Smith*  
9. Father's Occupation *Coch painter*  
10. Father's Birthplace *Howard Co. Md*  
Name of Medical Attendant, or other Person who makes this Return. *W. McQueen*  
Address *Mrs. Fayette & Callan St*  
Remarks

Extract Regulation of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

21492

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 7<sup>th</sup> June 1879

4. Place of Birth (Street and Number) Pratt St 618

5. Full Name of Mother Harriet Hay

6. Mother's Maiden Name Elbrook

7. Mother's Birthplace Maryland

8. Full Name of Father John T. Hay

9. Father's Occupation Steam Fitter

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Plimber

Address

Remarks

Extra Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311193



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 7 June 1879

4. Place of Birth (Street and Number) 26 Baltimore St

5. Full Name of Mother Lina Heid

6. Mother's Maiden Name Daks

7. Mother's Birthplace Ill

8. Full Name of Father John Heid

9. Father's Occupation Merchant Builder

10. Father's Birthplace Ill

Name of Medical Attendant, or other Person who makes this Return. Mr. J. P. ...

Address 52 E. ...

Remarks



Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



314911

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 5

4. Place of Birth (Street and Number)

1 Wilcox St

5. Full Name of Mother

Eden Holmes

6. Mother's Maiden Name

Dogin

7. Mother's Birthplace

Ireland

8. Full Name of Father

Michael Muller

9. Father's Occupation

Ice Dealer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return

Wm. J. Harrison

Address

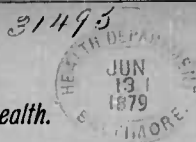
No 7 Forest Place

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 7<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *347 Madison Ave.*
5. Full Name of Mother *Jilly Taylor*
6. Mother's Maiden Name *" St. Juan*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Allen M. Taylor*
9. Father's Occupation *Mechanic*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. L. Williams M.D.*
- Address *201 Madison Ave.*
- Remarks

# RETURN OF A BIRTH.

311-96

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether Male or Female)

Race or Color (if not of the white race)

Date of Birth

Place of Birth (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

White

June 7<sup>th</sup> 1879

6 S. Washington St.

Sarah Elizabeth Davis

Sarah E. Price

Baltimore City, Md.

John Henry Davis

Pilot

Baltimore City, Md.

Richard L. Dathill

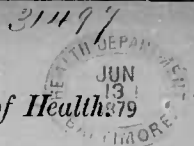
207 E. Broadway

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 7th 1879*
4. Place of Birth (Street and Number) *No. 333 Charles St.*
5. Full Name of Mother *Emma Doenges*
6. Mother's Maiden Name *Barltley*
7. Mother's Birthplace *America*
8. Full Name of Father *Carl Doenges*
9. Father's Occupation *Cigar-maker*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *J. G. Gassner midwife*
- Address *330 Hanover St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31498  
JUN 13 1879  
BALTIMORE

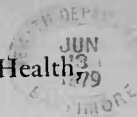
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth June 7 d 1879
4. Place of Birth (Street and Number) 100 S Bondstr.
5. Full Name of Mother Margreta Fost
6. Mother's Maiden Name Maier
7. Mother's Birthplace Baltimore
8. Full Name of Father Hennrich Fost
9. Father's Occupation Wulstener
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 S Bondstr.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31499



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 7th, 1899*
4. Place of Birth (Street and Number) *93 Exeter str.*
5. Full Name of Mother *Rachel Rosenstein*
6. Mother's Maiden Name *Wichneski*
7. Mother's Birthplace *Russia*
8. Full Name of Father *Moses Rosenstein*
9. Father's Occupation *Pedler*
10. Father's Birthplace *Russia*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Bernstein*
- Address *113 E. Lombard str.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31500  
HEALTH DEPT.  
JUL  
2  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 7, 1879

4. Place of Birth (Street and Number)

South Dearborn St. No. 163.

5. Full Name of Mother

Elizabeth Himmelmann

6. Mother's Maiden Name

Grieser

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Andrew Himmelmann

9. Father's Occupation

Plaster

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Joh. Praupach

Address

South Walcott St. No. 28

Remarks

W. D. Wolfe

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31301



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *June 7, 1879*

4. Place of Birth (Street and Number) *No 396 S. Hanover St*

5. Full Name of Mother *Sullivan Houston*

6. Mother's Maiden Name *ShubKagel*

7. Mother's Birthplace *Carroll Co - Md*

8. Full Name of Father *John Augustus Houston*

9. Father's Occupation *Cherker*

10. Father's Birthplace *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return. *Dr. B. H. Hermon*

Address. *No 175 W. Carey St*

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Kind*  
 1. Sex (state whether Male or Female) *Boys*  
 2. Race or Color (if not of the white race) *Weiss*  
 3. Date of Birth *geboren den 8ten Tage*  
 4. Place of Birth (Street and Number) *N<sup>o</sup> 225 S. Dallas Str*  
 5. Full Name of Mother *Louise Uhl*  
 6. Mother's Maiden Name *Louise Hölber*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Lehan Uhl*  
 9. Father's Occupation *Handwerker*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*  
 Address *N<sup>o</sup> 197 S. Dallas Str*  
 Remarks *Hemorrh*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31503



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

*Eighth Eighth,  
Male,  
White*

*June 8<sup>th</sup> 1879.*

*Penna. Avenue Extended.*

*Annie Maria Peppeler.  
Berenstricker*

*Balto. City.*

*Alexander Peppeler  
Butcher -*

*Germany  
Louis W. Knight M.D.,  
112 N. Greene*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 11*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *the 8 June*  
 4. Place of Birth (Street and Number) *No 399 W. Gen. St*  
 5. Full Name of Mother *Calisabat Annamlofel,*  
 6. Mother's Maiden Name *Calisabat Whinga.*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Ham Whing*  
 9. Father's Occupation *Br. Paper*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Sauer*  
 Address *172. Harford avn*  
 Remarks *172. Harford avn*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, necoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third,*  
1. Sex (state whether Male or Female) *Female,*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Sunday, June 8th 3 P.M. 1879.*  
4. Place of Birth (Street and Number) *Rear of 516 Penna. Av. (Waterman ally)*  
5. Full Name of Mother *Mrs. August Lüthra,*  
6. Mother's Maiden Name *Carolina Rieckert,*  
7. Mother's Birthplace *Germany.*  
8. Full Name of Father *August Lüthra,*  
9. Father's Occupation *Pork Butcher*  
10. Father's Birthplace *Germany.*  
Name of Medical Attendant, or other Person who makes this Return. *William Rieckert,*  
Address *520 Penna. Avenue.*  
Remarks *Physical condition of child, good.*

recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31506



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 8 June
4. Place of Birth (Street and Number) Spring 30 Hamstead St
5. Full Name of Mother Maggie McHenry
6. Mother's Maiden Name O'Brien
7. Mother's Birthplace Ireland
8. Full Name of Father Daniel McHenry
9. Father's Occupation Store Keeper
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Annula J. Schissner
- Address No 7 Forrest Place
- Remarks Spring and Hamstead St

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31567

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

8 June 79.  
257 Sharp St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Anna Thomas  
Scibold

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Peter Thomas

9. Father's Occupation

Cigar Manufacturer

10. Father's Birthplace

Cottonsville Balt. Co.

Name of Medical Attendant, or other Person who makes this Return.

Mary Webb

Address

328 South Euterpe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31508

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. ~~Race or Color (if not of the white race)~~
3. Date of Birth *June 8<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *125 7<sup>th</sup> St.*
5. Full Name of Mother *Mary Schultz*
6. Mother's Maiden Name *Billings*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Schultz*
9. Father's Occupation *Picture Frame maker.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Mary Roth*
- Address *328 South Eastrop*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31509

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 8<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No 200 Barclay st*
5. Full Name of Mother *Salina Kufer*
6. Mother's Maiden Name *Salina Bauer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Therman Kufer*
9. Father's Occupation *Cigar maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Frank Hillegast*
- Address *No 182 Monument st*
- Remarks



rect Record of That Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *brown skin*
3. Date of Birth *8th June 1879*
4. Place of Birth (Street and Number) *No 2 Waterses Court*
5. Full Name of Mother *Charlotte Golde*
6. Mother's Maiden Name *Charlotte J Dorsey*
7. Mother's Birthplace *Howard County. Md*
8. Full Name of Father *Peter Golde*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Ldia Somerville*
- Address *13 Clinton Avenue*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 8 June 1879
4. Place of Birth (Street and Number) 27 Lombard St. D.
5. Full Name of Mother Marie Schort
6. Mother's Maiden Name Ross
7. Mother's Birthplace Germany
8. Full Name of Father Bernhard Schort
9. Father's Occupation Tavern Keeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Gasper
- Address 52 E. Lombard St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

June 8th

4. Place of Birth (Street and Number)

87 Calvert st

5. Full Name of Mother

Florence

6. Mother's Maiden Name

Good hand

7. Mother's Birthplace

Balt City

8. Full Name of Father

Thomas S. Wilcox

9. Father's Occupation

Minister

10. Father's Birthplace

Balt City

Name of Medical Attendant,

or other Person who makes this Return.

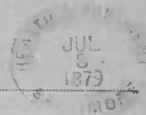
S. F. Leonard M.D.

Address

134 N. High st

Remarks

31512



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the foil name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31513

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan 8d 1874*

4. Place of Birth (Street and Number) *Belmont St 91*

5. Full Name of Mother *Maria Jones*

6. Mother's Maiden Name *" Smith*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Charles Jones*

9. Father's Occupation *Organ maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Wm R. and H. H. H. H.*

Address *48 W. Baltimore St*

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 8 1891
4. Place of Birth (Street and Number) 10 S. E. Street
5. Full Name of Mother Emma T. Stewart
6. Mother's Maiden Name Emma P. Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. Stewart
9. Father's Occupation Librarian
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Smith
- Address 10 S. E. Street
- Remarks 31

Return of a Birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31518

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 8, 1879*

4. Place of Birth (Street and Number) *S. Gurnham St. N° 25*

5. Full Name of Mother *Mariagunda Dörfler*

6. Mother's Maiden Name *Mariagunda Dörfler*

7. Mother's Birthplace *Leigendorf, N. Baiern, Germany*

8. Full Name of Father *Nicolaus Dörfler*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Dressendorf, N. Baiern, Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*

Address *N. Dallas St. N° 26*

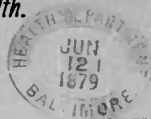
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 8<sup>th</sup> of June
4. Place of Birth (Street and Number) 45 East Al
5. Full Name of Mother Bernadina Haskamp
6. Mother's Maiden Name " " Krupelberg
7. Mother's Birthplace Steinfeld
8. Full Name of Father Frank Haskamp
9. Father's Occupation Laborer
10. Father's Birthplace Glennburg
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Dickel
- Address No 439. West Pratt
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31517  
NTH DEPT  
JUN 12 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *8th of June 1879*
4. Place of Birth (Street and Number) *Baltimore city 31 Little sharp st*
5. Full Name of Mother *Rose Etta Moore*
6. Mother's Maiden Name *Rose Etta Bias*
7. Mother's Birthplace *Baltimore but State of Md*
8. Full Name of Father *Jermy Moore*
9. Father's Occupation *a laborer*
10. Father's Birthplace *Youngs River County Va*
- Name of Medical Attendant, or other Person who makes this Return. *Ellen Stebbins*
- Address *no 42 Little sharp st*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31518



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 8th 1879*
4. Place of Birth (Street and Number) *116 S. Caroline*
5. Full Name of Mother *George Anna Conway*
6. Mother's Maiden Name *James*
7. Mother's Birthplace *Cambridge Md*
8. Full Name of Father *William E Conway*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Cambridge Md*
- Name of Medical Attendant, or other Person who makes this Return. *Louisa Leaton*
- Address
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31519

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *12<sup>th</sup> child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 8<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Montgomery St No 177*
5. Full Name of Mother *Barbary Granger*
6. Mother's Maiden Name *Barbary Sharp*
7. Mother's Birthplace *Berkeley county Wt Virginia*
8. Full Name of Father *William Granger*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Massachusetts*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Anderson*
- Address *No 10 Alys St*
- Remarks

recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31520



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 8<sup>th</sup> 1879

4. Place of Birth (Street and Number) N. 335 Central Ave

5. Full Name of Mother Gertrude Hillinger

6. Mother's Maiden Name Gertrude Lipp

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas Hillinger

9. Father's Occupation cigar manufacture

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Anna Hillinger

Address 152 E. Monmouth St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 8 d, 1879
4. Place of Birth (Street and Number) 172 E. Fairbairn
5. Full Name of Mother Gedruith Moebus
6. Mother's Maiden Name Ged. Roenig
7. Mother's Birthplace Germane
8. Full Name of Father Heinrich F. Moebus
9. Father's Occupation Fruit Broker
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Mari R. Rudiger
- Address 134 E. Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

37522  
JUN 14 1879  
IMOR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 8th 1879

4. Place of Birth (Street and Number)

No. 5 Parry St.

5. Full Name of Mother

Annie K. Wolf

6. Mother's Maiden Name

Annie K. Snider

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John Wolf

9. Father's Occupation

Brick molder / maker

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. L. Lippman

Address

No. 435 W. McHenry St

Remarks

Fine healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31593



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 8. 1879
4. Place of Birth (Street and Number) 14 Somers St.
5. Full Name of Mother Emma J. Richardson
6. Mother's Maiden Name Pickens
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Thos. George Richardson
9. Father's Occupation Barber
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Geo. A. Nathaniel M.D.
- Address 2305 W. Caroline St.
- Remarks Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31524

RECEIVED  
JUN 30 1879  
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth June 8, 1879  
 4. Place of Birth (Street and Number) 225 George St  
 5. Full Name of Mother Elizabeth Rebecca Fishbach  
 6. Mother's Maiden Name " Horner  
 7. Mother's Birthplace Cerrill Co. Md.  
 8. Full Name of Father David Fishbach  
 9. Father's Occupation Stone cutter  
 10. Father's Birthplace Balt. City  
 Name of Medical Attendant, or other Person who makes this Return. J. M. F. Hank  
 Address 369 Druid Hill Av.  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *8 15 o'clock A.M. Monday Morning May 11 1879*
4. Place of Birth (Street and Number) *Next door to the N.E. Cor. Chilton & Front St.*
5. Full Name of Mother *Ann Night* *(Belt)*
6. Mother's Maiden Name *Ann Holen*
7. Mother's Birthplace *Baltimore Co. Md.*
8. Full Name of Father *John Night*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. Richard & Co.*
- Address *28 W. Dornell St.*
- Remarks *Natural Delivery, tedious Labor. Very large child. Both mother and child are doing well.*



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

315916  
JUN 16 1879  
BALTIMORE

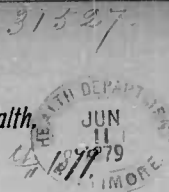
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d,*  
1. Sex (state whether Male or Female) *Male.*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 9, 1879*  
4. Place of Birth (Street and Number) *59 Park Ave.*  
5. Full Name of Mother *Mary A. Hoffman,*  
6. Mother's Maiden Name *Mary A. Ollenstein,*  
7. Mother's Birthplace *Baltimore,*  
8. Full Name of Father *Bernard Hoffman,*  
9. Father's Occupation *Drug Business,*  
10. Father's Birthplace *Baltimore.*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. H. P. Morgan,*  
Address *175 Lexington St*  
Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *June 9th 1879.*
4. Place of Birth (Street and Number) *172 Wolfe St.*
5. Full Name of Mother *J. Badinger.*
6. Mother's Maiden Name *J. Hergel.*
7. Mother's Birthplace *America.*
8. Full Name of Father *Jacob Badinger.*
9. Father's Occupation *Laborer.*
10. Father's Birthplace *America.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. Amend.*
- Address *No. 137 Wolfe St.*
- Remarks *CJ*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 9 June
4. Place of Birth (Street and Number) 202 9th 98 Central avenue
5. Full Name of Mother Christina Uphoff
6. Mother's Maiden Name Schwarz
7. Mother's Birthplace Germany
8. Full Name of Father Blacksmith
9. Father's Occupation Germany
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address 70 Grady St.
- Remarks

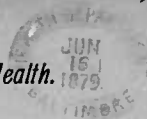
37528-  
JUN 16 1895

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31529



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 9 1879
4. Place of Birth (Street and Number) 188 Penna ave
5. Full Name of Mother Hattie Quillan
6. Mother's Maiden Name " J. Borrey
7. Mother's Birthplace Baltimore
8. Full Name of Father James S. Quillan
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. W. F. [unclear]
- Address 55 N. Green St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *9<sup>th</sup> June 1879*
4. Place of Birth (Street and Number) *85 John St*
5. Full Name of Mother *Annie Karch*
6. Mother's Maiden Name *Annie Bauer*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *John Karch*
9. Father's Occupation *Laborer.*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Augustus M D & Son M.D.*
- Address *201 Hanover St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31531

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 9, 1879*
4. Place of Birth (Street and Number) *No 4 Rufus st*
5. Full Name of Mother *Catherine Wasmuth*
6. Mother's Maiden Name *Banghart*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Joseph Wasmuth*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Katharina Muench*
- Address *8 Leaden Hall st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

315321

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 7th 1879*
4. Place of Birth (Street and Number) *No 152 Dover st bet Penn & Congress*
5. Full Name of Mother *Mrs Anna Willson*
6. Mother's Maiden Name *Anna Link*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Link*
9. Father's Occupation *Driver*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs H. Seebach*
- Address *No 439 West Pratt Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *9th of June 1879*  
4. Place of Birth (Street and Number) *Southwestern Hill*  
5. Full Name of Mother *Maggie Washburn*  
6. Mother's Maiden Name *Maggie Washburn*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *William S. Washburn*  
9. Father's Occupation *Copper*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return *Christina Smith*  
Address *11 North Chippel St. Fredericka L. Washburn*  
Remarks *Healthy*

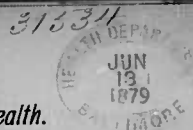


rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



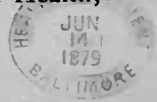
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth June 9 1879
4. Place of Birth (Street and Number) 310 N. Durhamstr.
5. Full Name of Mother Auguste Krummrein
6. Mother's Maiden Name Auguste Kuehner
7. Mother's Birthplace Baltimore
8. Full Name of Father Friedrich Krummrein
9. Father's Occupation Butcher
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return Marie R. Rudiger
- Address 134 N. Bondstr.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34525

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *9 of June*
4. Place of Birth (Street and Number) *99 Lancaster*
5. Full Name of Mother *Lizzie Fable*
6. Mother's Maiden Name *Lizzie Gardner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Gardner*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mary Fable*
- Address *99 Lancaster St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



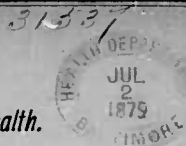
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth June 9. 1879.
4. Place of Birth (Street and Number) W. Lombard str No 232
5. Full Name of Mother Louise Pierson
6. Mother's Maiden Name Beser
7. Mother's Birthplace Rattelsbop Besern
8. Full Name of Father Wilhelm Pierson
9. Father's Occupation Taylor
10. Father's Birthplace Stuttgart Besern
- Name of Medical Attendant, or other Person who makes this Return Wm. L. Procupach
- Address South Wolf str No 28
- Remarks and wife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 9. 1879
4. Place of Birth (Street and Number) Gay St No 231
5. Full Name of Mother Mary Hearn
6. Mother's Maiden Name Bothers
7. Mother's Birthplace Conn. U.S. Ireland
8. Full Name of Father Thomas Hearn
9. Father's Occupation Ship maker
10. Father's Birthplace Conn. Land
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. P. P. P. P. P.
- Address Gay St No 231
- Remarks Wm. J. P. P. P. P.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31538  
JUL  
2  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 9 1879*
4. Place of Birth (Street and Number) *No 252 N Eden St*
5. Full Name of Mother *Adonia Ringlib*
6. Mother's Maiden Name *Adonia Clare*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm Ringlib*
9. Father's Occupation *Baltimore*
10. Father's Birthplace *Clerk*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Ann Hillwell*
- Address *286 N Donagh St*
- Remarks *Not decided on Name of Child*

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 9th  
 4. Place of Birth (Street and Number) 153 Lex. St.  
 5. Full Name of Mother Jessie Cohen  
 6. Mother's Maiden Name Jessie Greenfield  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Phineas Cohen  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Dr. J. S. Greenfield  
 Address No. 2, Catherine St.  
 Remarks Child living & healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31540

DEPT.  
JUN 23  
1879  
B. MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 1st
4. Place of Birth (Street and Number) 145 Johnson St
5. Full Name of Mother Josephine Taylor
6. Mother's Maiden Name Smith
7. Mother's Birthplace Ba. To. Md
8. Full Name of Father John Tyler
9. Father's Occupation Laborer
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Abner S. Smith
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Jacob Schmuck*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *June 10<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *75 Register St.*

5. Full Name of Mother *Catherina Schmuck*

6. Mother's Maiden Name *" Haban*

7. Mother's Birthplace *German*

8. Full Name of Father *Dohn Schmuck*

9. Father's Occupation *Tailor*

10. Father's Birthplace *German*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*

Address *295 Canton Ave*

Remarks

*over*  
*31344*

DEPT  
16  
1879  
BALTIMORE

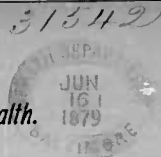


*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 10 1879*
4. Place of Birth (Street and Number) *17 S. Exeter St*
5. Full Name of Mother *Rebecca Hirschbeyer*
6. Mother's Maiden Name *Rebecca Greenfelder*
7. Mother's Birthplace *City*
8. Full Name of Father *Nathan Hirschbeyer*
9. Father's Occupation *Merchant.*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. A. M. M. M.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31543

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

10 June 1879.  
73 Sharp St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Anna Brockhoff.

6. Mother's Maiden Name

" Keller

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Brockhoff

9. Father's Occupation

Tailor

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mary Koch  
328 South Eutaw St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar afterwards, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

315411



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth June 10<sup>th</sup> 1876
4. Place of Birth (Street and Number) 87 E. Baltimore St. Baltimore MD
5. Full Name of Mother Lena Fuller
6. Mother's Maiden Name Stowell
7. Mother's Birthplace Howard Co. Md.
8. Full Name of Father Charles Fuller
9. Father's Occupation Business
10. Father's Birthplace Baltimore MD
- Name of Medical Attendant, or other Person who makes this Return. W. A. Davenport
- Address 197 South St.
- Remarks All healthy.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

313745



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *10 June 1879*
4. Place of Birth (Street and Number) *247 Lombard St*
5. Full Name of Mother *Ema Mc Guitte*
6. Mother's Maiden Name *More*
7. Mother's Birthplace *U S*
8. Full Name of Father *Tom Mc Guitte*
9. Father's Occupation *Workingman*
10. Father's Birthplace *U S*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Para Casper*
- Address *512 E Lombard St*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31346



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 8<sup>th</sup> Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June the 10<sup>th</sup>*
4. Place of Birth (Street and Number) *17 Fish Market Place*
5. Full Name of Mother *Catherine Mahon*
6. Mother's Maiden Name *Catherine Pulliam*
7. Mother's Birthplace *Richmond*
8. Full Name of Father *John Mahon*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Dulan St.*
- Name of Medical Attendant, or other Person who makes this Return. *Barbara Price, midwife*
- Address *26 North Frederick Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31547

JUL  
7  
1879  
MORF

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 10<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *Cor Pearl & Fayette St.*  
 5. Full Name of Mother *Mary Jefferson*  
 6. Mother's Maiden Name *Mary Hanson*  
 7. Mother's Birthplace *Balti City*  
 8. Full Name of Father *Chayton Jefferson*  
 9. Father's Occupation *Store Keeper*  
 10. Father's Birthplace *Balti City*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary A. Richmond*  
 Address *185 L E. St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 10th 1879
4. Place of Birth (Street and Number) 156 Johnson st
5. Full Name of Mother Lizzie M Garden
6. Mother's Maiden Name Maiton
7. Mother's Birthplace Baltimore
8. Full Name of Father James M Garden
9. Father's Occupation Ship Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Katharina Muench
- Address 8 Leaden hall st
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White race
3. Date of Birth June 10th 1899
4. Place of Birth (Street and Number) Spring St. # 27
5. Full Name of Mother Martha Klatsen
6. Mother's Maiden Name Hildman
7. Mother's Birthplace Hannover
8. Full Name of Father William Kurier
9. Father's Occupation Printer
10. Father's Birthplace Bremen
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. ...
- Address 48 Holland St.
- Remarks

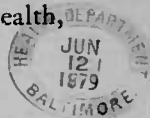


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31550

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

June 10<sup>th</sup> 1879  
Chappel & Chase  
Amelia A. Gaunt  
Amelia A. Edwards  
Maryland  
James B. Gaunt  
Blackster  
Baltimore

I Ridgway Andrew M. b  
No 121 E 1 Baltimore St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31537  
JUN 13 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

John  
June 10/79  
21 Randal St.  
Mary Ann Firoved  
" Shuffler  
First St - Ind  
10th B. Firoved  
Sailorman  
Baltimore Md

A. L. Spiering  
379 W. Lombard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31552  
31553

JUN  
14  
1879

IMORT

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child - Twins,*  
1. Sex (state whether Male or Female) *Two Boys*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Tuesday, June 10th 1879.*  
4. Place of Birth (Street and Number) *156 E. Monument St.*  
5. Full Name of Mother *Charlotte Leary*  
6. Mother's Maiden Name *Charlotte Leary*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Howard C. Leary*  
9. Father's Occupation *Employed of B. & O. R. R. Co.*  
10. Father's Birthplace *Baltimore Md.*  
Name of Medical Attendant, or other Person who makes this Return. *Wilmer Brintow M.D.*  
Address *269 N. Caroline St.*  
Remarks *"Verrux Presentation"*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31554  
HEALTH DEPT  
JUN  
14  
1879  
IMPR

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> child.*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 10<sup>th</sup> 79*  
 4. Place of Birth (Street and Number) *Pennock alley*  
 5. Full Name of Mother *Mary Gable*  
 6. Mother's Maiden Name *Mary Gault*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *John Gable*  
 9. Father's Occupation *Labourer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Geo. W. Morris M.D.*  
 Address *Co. Streets & Pennock*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31555

JUL  
2  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 10 1879*
4. Place of Birth (Street and Number) *352 E Fayette Street*
5. Full Name of Mother *Sarah E. Elliott*
6. Mother's Maiden Name *Sarah E. Hicheur*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm E Elliott*
9. Father's Occupation *clerk*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Atwell*
- Address *286 W Donagh St*
- Remarks *Name of child Thomas Elliott*

# RETURN OF A BIRTH.

31556

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third (3<sup>rd</sup>)*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *June 10<sup>th</sup> / 1879*  
 4. Place of Birth (Street and Number) *Central Ave & Watson St.*  
 5. Full Name of Mother *Margaret Burns*  
 6. Mother's Maiden Name *" Carretto*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *Thos Burns,*  
 9. Father's Occupation *Shoemaker*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *A. F. Erich M.D. per Boucsein.*  
 Address *#94 S. Broadway*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

315-37  
JUL 11 1879  
11<sup>th</sup>  
Female  
White  
June 10 - 1879  
238 Aspinwall St.  
Morrison Stewart -  
Morrison  
Baltimore, Md  
John M. Stewart -  
Architect  
Baltimore, Md  
Wm. R. Stewart  
27 Mulberry St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) <sup>4th</sup> 7<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth June 10<sup>th</sup>
4. Place of Birth (Street and Number) 181 Edmondson St.
5. Full Name of Mother Louisa
6. Mother's Maiden Name Pittler
7. Mother's Birthplace New York
8. Full Name of Father Justus Dambman
9. Father's Occupation Chemical & Phosphate Factory
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. D. Hellerstein
- Address 132 Weymouth St.
- Remarks \_\_\_\_\_





rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31560



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 11 1879

4. Place of Birth (Street and Number)

189 W. Fayette

5. Full Name of Mother

Rachel High

6. Mother's Maiden Name

Rachel Williams

7. Mother's Birthplace

City

8. Full Name of Father

Salomon Siegel

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Abraham P. Hammond

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 11<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Belvedere Belair Ave

5. Full Name of Mother

Louisa Rockmann

6. Mother's Maiden Name

Louisa Kutzner

7. Mother's Birthplace

Germany

8. Full Name of Father

Martin Rockmann

9. Father's Occupation

Cooper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Hena H. Legeis

Address

101 82 Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 11<sup>th</sup> 1917*
4. Place of Birth (Street and Number) *No 43 East St*
5. Full Name of Mother *Lizzie Weber*
6. Mother's Maiden Name *Lizzie Faust*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Lawrence Weber*
9. Father's Occupation *carpet weaver*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Hena H. Dreyerist*
- Address *182 E Monument St*
- Remarks

That any physician, accoucheur midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) Colored

3. Date of Birth June 11, 1879

4. Place of Birth (Street and Number) 20 Elbow Lane

5. Full Name of Mother Elizabeth Calaman

6. Mother's Maiden Name

7. Mother's Birthplace Balto City

8. Full Name of Father Thomas Calaman

9. Father's Occupation Laborer

10. Father's Birthplace Accomac Co Va

Name of Medical Attendant, or other Person who makes this return Heborah Thomas

Address 11 Berjundy alley

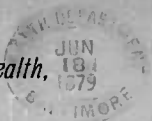
Remarks

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31564

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



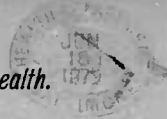
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 11th 1879*  
 4. Place of Birth (Street and Number) *157 Pennyl. Ave.*  
 5. Full Name of Mother *Sarah Freuman*  
 6. Mother's Maiden Name *Sarah Brag*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Max Freuman*  
 9. Father's Occupation *Storekeeper*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *J. Lieberman M.D.*  
 Address *222 W. Lombard St*  
 Remarks *Delivered by forceps*

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31565



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *June 11th 1879*
4. Place of Birth (Street and Number) *216 Chesnut St.*
5. Full Name of Mother *Margaret McDevitt*
6. Mother's Maiden Name *Bonheur*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Cornelius McDevitt*
9. Father's Occupation *Doctor*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Edward McDevitt*
- Address *137 N. E. Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 11<sup>th</sup> 1879

4. Place of Birth (Street and Number)

334 Sharp St.

5. Full Name of Mother

Eliz<sup>th</sup> Viereck

6. Mother's Maiden Name

Wetner

7. Mother's Birthplace

Germany

8. Full Name of Father

Louis Viereck

9. Father's Occupation

Salisman

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

P. C. Lee

Address

N. W. cor Hanover & Barrington Sts

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31567

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 11 June 1879
4. Place of Birth (Street and Number) 132 Alexander D
5. Full Name of Mother Mina Link
6. Mother's Maiden Name Meis
7. Mother's Birthplace N. P.
8. Full Name of Father Georg Link
9. Father's Occupation Bookster
10. Father's Birthplace N. P.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Warner
- Address 52 E. Lombard St
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31568

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth 11 June 1879  
 4. Place of Birth (Street and Number) 90 Carolina St  
 5. Full Name of Mother Katie Weber  
 6. Mother's Maiden Name Rondler  
 7. Mother's Birthplace N. P.  
 8. Full Name of Father William Weber  
 9. Father's Occupation Workingman  
 10. Father's Birthplace N. P.  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casper  
 Address 52 E. Lombard St  
 Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

31569



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

June 11<sup>th</sup> 1879

4. Place of Birth (Street and Number)

54 Green ont av.

5. Full Name of Mother

Emma

6. Mother's Maiden Name

Banks

7. Mother's Birthplace

Balt City

8. Full Name of Father

Wm H. Burgan

9. Father's Occupation

Gardener

10. Father's Birthplace

Balt County Md.

Name of Medical Attendant, or other Person who makes this Return.

D. F. Coynor M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

DEPT. 51570  
JUL  
1879

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 11<sup>th</sup> June 79
4. Place of Birth (Street and Number) 99 W. Stricker St.
5. Full Name of Mother M. Annie Ireland
6. Mother's Maiden Name Jackson
7. Mother's Birthplace Balto.
8. Full Name of Father Ninian L. Ireland
9. Father's Occupation Hardware Merchant
10. Father's Birthplace Scotland
- Name of Medical Attendant, or other Person who makes this Return. H. W. Ovington
- Address 274 Madison Ave
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White race
3. Date of Birth Sept 17 67
4. Place of Birth (Street and Number) James 11 18 79
5. Full Name of Mother Caroline Westland
6. Mother's Maiden Name Prichard
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Westland
9. Father's Occupation Shoemaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Rose Helling
- Address 4 S. Howard St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31572

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *7th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *11th June*

4. Place of Birth (Street and Number) *277 Calhoun St*

5. Full Name of Mother *Lane Oran*

6. Mother's Maiden Name *McClure*

7. Mother's Birthplace *is also*

8. Full Name of Father *Thomas B. Oran*

9. Father's Occupation *Policeman*

10. Father's Birthplace *is also*

Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*

Address *185 W. 7th St. Baltimore*

Remarks

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31573

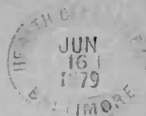
RECEIVED  
JUN 16 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 11<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *Baltimore Scott St. No. 49*  
 5. Full Name of Mother *Annrie Hawthorne*  
 6. Mother's Maiden Name *Reed*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *John Hawthorne*  
 9. Father's Occupation *Painter*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Mitchell*  
 Address *No. 140 Ramsey St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 11th 1879*

4. Place of Birth (Street and Number) *Baltimore Booth No. 37*

5. Full Name of Mother *Ellen Gaddigen*

6. Mother's Maiden Name *Singleton*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Walter Gaddigen*

9. Father's Occupation *Saloon*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Mitchell*

Address *No. 140 Rarosney*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office, of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

June 11<sup>th</sup> 1879

No 68 E Balto st Md

Rosa Gentry

Rosa Gould

Maryland

James F Gentry

Mariner

Balto Md

J Redway Andros

No 121 E Baltimore st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 31576
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) F
2. Race or Color (if not of the white race) W
3. Date of Birth June 19, 1879
4. Place of Birth (Street and Number) 388 E. Chase St.
5. Full Name of Mother Helen Robinson
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father J. F. Robinson
9. Father's Occupation Optician
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. L. C. Gordon, M.D.
- Address 311 N. Maryland
- Remarks I could get no further particulars in this case, having been called on the absence of the attending Physician, and report it, not knowing whether he will or not.
- L. C. G.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 11th -

4. Place of Birth (Street and Number)

18 E Monument

5. Full Name of Mother

Mary Amanda Healy

6. Mother's Maiden Name

Healy

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James Michael Healy

9. Father's Occupation

Plumber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm Whitridge M.D.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 11th 1879*
4. Place of Birth (Street and Number) *248 1/2 William St*
5. Full Name of Mother *Mrs. A. Allen*
6. Mother's Maiden Name *Anna C. Rynick*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Wm. A. Allen*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M D*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31578

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 11/79*
4. Place of Birth (Street and Number) *386 Hopkins St.*
5. Full Name of Mother *Lucy Lee Shettle*
6. Mother's Maiden Name *Edmondson*
7. Mother's Birthplace *Norfolk Va.*
8. Full Name of Father *Hunter S. Shettle*
9. Father's Occupation *Car Driver*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *H. R. Fetterhoff M. D.*
- Address *17 George st.*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31578  
JUL  
2  
1875  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 11, 1875

4. Place of Birth (Street and Number)

10 Lombard St No 350

5. Full Name of Mother

Anna Schneider

6. Mother's Maiden Name

Link

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Johann Schneider

9. Father's Occupation

Chantre, here

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Johanna Prampach

Address

10 Wolf St No 28

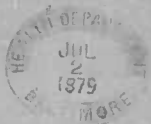
Remarks

W. W. W.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Ninth (9th)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 11th 1879*
4. Place of Birth (Street and Number) *#92 W. Ann St.*
5. Full Name of Mother *Louisa Kopman*
6. Mother's Maiden Name *" Fleman*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Louis Kopman*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant (or other Person who makes this Return) *A. F. Erich, M.D. per Boesein*
- Address *#94 S Broadway.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31581

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eighth (8<sup>th</sup>)* ~~& Ninth (9<sup>th</sup>)~~
1. Sex (state whether Male or Female) *1 male* ~~1 female~~
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 11<sup>th</sup> / 1879*
4. Place of Birth (Street and Number) *#92 W. Ann St.*
5. Full Name of Mother *Louisa Kopman*
6. Mother's Maiden Name *" Tieman*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Louis Kopman*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *A. F. Erich, M. D., per Boucsein.*
- Address *#94 S. Broadway.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31582



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

June 11<sup>th</sup> 1879

4. Place of Birth (Street and Number)

East St. 17104

5. Full Name of Mother

Emilia Rehnoff

6. Mother's Maiden Name

Emilia Leck

7. Mother's Birthplace

Germany

8. Full Name of Father

Louis Rehnoff

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Deborah Burre

Address

11-114 Battery St.

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

315-83

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth June 11th 1879

4. Place of Birth (Street and Number) 135 E. Biddle St

5. Full Name of Mother Sallie Johnson

6. Mother's Maiden Name F. King

7. Mother's Birthplace Annapolis, Md.

8. Full Name of Father Mr. Johnson

9. Father's Occupation Paper Hanger

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. B. Bellis

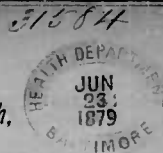
Address Harford Co. Md.

Remarks Born at at 6 1/2 or 7 months pregnancy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male ~~or~~ Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth June 11th 1879
4. Place of Birth (Street and Number) 185 Johnson St
5. Full Name of Mother Jama Beckett
6. Mother's Maiden Name 11th
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas. W. Beckett
9. Father's Occupation Commissioner B & O R
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. W. K. McCombs
- Address 582 W. Haydon St
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31583

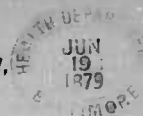


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> Child
- Sex (state whether male or female) male
- Race or Color (if not of the white race) white
- Date of Birth June 11<sup>th</sup> 1879.
- Place of Birth (Street and Number) 95<sup>th</sup> Lexington St.
- Full Name of Mother H. M. Stessel
- Mother's Maiden Name Long
- Mother's Birthplace Baltimore
- Full Name of Father Friedrich Stessel
- Father's Occupation Seaman & Dyer.
- Father's Birthplace German.
- Name of Medical Attendant, or other Person who makes this Return.  
Dr. J. M. Dumble & Co. Dr. J. M. Dumble
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

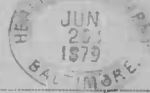


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5.
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 11<sup>th</sup> June 1877
4. Place of Birth (Street and Number) 6316 Thonacker St
5. Full Name of Mother Elisabeth Gower
6. Mother's Maiden Name Elisabeth Keithmiller
7. Mother's Birthplace Baltimore
8. Full Name of Father Laure Gower
9. Father's Occupation Cigar maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Hazarean
- Address Baltimore No 70
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex: (state whether male or female) female
2. Race or Color (if not of the white race) Fuller
3. Date of Birth 11 June 1879
4. Place of Birth (Street and Number) No 5 Lower Street
5. Full Name of Mother Sally Washington
6. Mother's Maiden Name Sally Frances
7. Mother's Birthplace Pine Grove Tenn
8. Full Name of Father George Washington
9. Father's Occupation Labor
10. Father's Birthplace Baltimore Tenn
- Name of Medical Attendant, or other Person who makes this Return. Dr. R. H. Smith
- Address William No 70 Street
- Remarks Mother died Child dying day  
William

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31588

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 11<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *238. Mulberry Street -*
5. Full Name of Mother *Fanny Gardner*
6. Mother's Maiden Name *Fanny Shipley*
7. Mother's Birthplace *Frederick Maryland*
8. Full Name of Father *William I. Gardner*
9. Father's Occupation *Bath Dealer.*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *A. T. Bell M.D.*
- Address *304 Madison Avenue.*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31589



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White

3. Date of Birth June 12<sup>th</sup> 1879.

4. Place of Birth (Street and Number) 115 E. 9<sup>th</sup> St.

5. Full Name of Mother Matilda Schutt.

6. Mother's Maiden Name Matilda Brown.

7. Mother's Birthplace America.

8. Full Name of Father John Schutt.

9. Father's Occupation Sailor.

10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Smith

Address No. 137 N. E. St.

Remarks C.D.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31590  
JUN 5 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *12 of June*
4. Place of Birth (Street and Number) *254 Alice Ann*
5. Full Name of Mother *Rachael Ditchel*
6. Mother's Maiden Name *Kate*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Fredrich Ditchel*
9. Father's Occupation *Oyster packer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Sophia J. ...*
- Address *10 Granby St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31591

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 12 1879

4. Place of Birth (Street and Number)

269 E Pratt

5. Full Name of Mother

Mary Hanner

6. Mother's Maiden Name

Mary Schwaab

7. Mother's Birthplace

Germany

8. Full Name of Father

Charles F. Hanner

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Abraham M. Guillard

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 12<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 205 Cass St*
5. Full Name of Mother *Lizzie Ginnick*
6. Mother's Maiden Name *Lizzie Thorst*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Ginnick*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Hillegast*
- Address *No 182 E Monument St*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31593  
HEALTH DEPT.  
JUN 11 1899  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 12 June 1899
4. Place of Birth (Street and Number) 146 Chapin St
5. Full Name of Mother Lizzie Mannel
6. Mother's Maiden Name Tunemann
7. Mother's Birthplace Germany
8. Full Name of Father Bernhard Mannel
9. Father's Occupation Workingman
10. Father's Birthplace N D
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Para Casper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

21594

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

June 12th 1899

4. Place of Birth (Street and Number)

508 Madison St

5. Full Name of Mother

Mary Martha Pryor

6. Mother's Maiden Name

Reagan

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Albert Pryor

9. Father's Occupation

car inspector

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. B. Billingsley

Address

Madison St. Biddle St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31595

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 12 1899*
4. Place of Birth (Street and Number) *108 S. Fulton St.*
5. Full Name of Mother *Ella Parr*
6. Mother's Maiden Name *" Rickard*
7. Mother's Birthplace *Howard Co. Md*
8. Full Name of Father *Charles Mendate Parr*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*W. H. Register M.D.*  
*J. M. Fayette & Co. Secy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

315 96



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth 4 June 1879  
4. Place of Birth (Street and Number) 12 Lombard St  
5. Full Name of Mother Anna Wilson  
6. Mother's Maiden Name Wilson  
7. Mother's Birthplace W. D.  
8. Full Name of Father Ben Wilson  
9. Father's Occupation Workingman  
10. Father's Birthplace W. D.  
Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Wilson  
Address 12 Lombard St  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31597  
HEALTH  
JUN 14 1879  
IMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White.

3. Date of Birth

~~241 Forest St.~~ June 12<sup>th</sup> 1879

4. Place of Birth (Street and Number)

241 Forest St

5. Full Name of Mother

Bridge Leary

6. Mother's Maiden Name

" J. Bratty

7. Mother's Birthplace

Ireland.

8. Full Name of Father

Patrick Leary

9. Father's Occupation

Car Driver

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Wm. Brinton, M.D.

Address

269 W. Caroline St.

Remarks

"Per Ex. Presentation"



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31598  
HEALTH  
JUN  
14  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

12 June 1879

4. Place of Birth (Street and Number)

328 East Orleans St

5. Full Name of Mother

Ellen Lucretia Leconte

6. Mother's Maiden Name

Ellen Lucretia Leconte

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

George Thomas Leconte

9. Father's Occupation

Mariner

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Amanda Marine

Address

378 East Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31599

JUN  
14  
1879

IMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d. child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 13<sup>th</sup> 1879

4. Place of Birth (Street and Number)

623 Pima Ave

5. Full Name of Mother

C. Gordon

6. Mother's Maiden Name

C. Sparks

7. Mother's Birthplace

Carroll Co Md.

8. Full Name of Father

James Gordon

9. Father's Occupation

Painter

10. Father's Birthplace

Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

H. W. Norris M.D.

Address

Con-Sticks & P... ..

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31600

JUL  
2  
1879

RECEIVED

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 12 1879*
4. Place of Birth (Street and Number) *382 E Madison St*
5. Full Name of Mother *Mary C Elliott*
6. Mother's Maiden Name *Stelcher*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John M Elliott*
9. Father's Occupation *Coin Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Alwell*
- Address *156 Elk Donagh St*
- Remarks *Name of child Edward Watson Elliott*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31601

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First  
Female.  
White  
12th June 1879.  
125 W. Lexington St.  
Miss A. Wagner  
Miss S. H. Wells  
Virginia, Baltimore City.  
Charles Wagner.  
Cabinet.  
Baltimore City.  
Mar. Waller  
125 W. Lexington St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31602

To the Office of Registrar of Vital Statistics; Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 12, 1879.
4. Place of Birth (Street and Number) 234 Lafayette Ave,
5. Full Name of Mother Mary Sidney Beasley,
6. Mother's Maiden Name Knott,
7. Mother's Birthplace Louisville, Ky,
8. Full Name of Father Wm J. Beasley,
9. Father's Occupation Manufacturer,
10. Father's Birthplace Plymouth, N. C.
- Name of Medical Attendant, or other Person who makes this Return. J. L. Doyle M.D.
- Address 247 Calumet St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31603

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

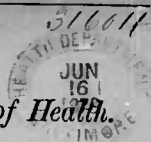


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 13th June 1879
4. Place of Birth (Street and Number) 434 Canton Avenue
5. Full Name of Mother Anna Santver
6. Mother's Maiden Name " Sempler
7. Mother's Birthplace Germany
8. Full Name of Father Frank Santver
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Lucken
- Address 2410 Essex St
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

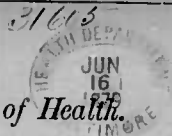


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13 of June 1879*
4. Place of Birth (Street and Number) *239 N. 3rd St.*
5. Full Name of Mother *Genofera Wagner*
6. Mother's Maiden Name *Genofera Martin*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Adolph Wagner*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Sabina Grishaber*
- Address *128 West St. Balt. Md.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



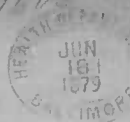
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Children
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 13 of Jan 1879
4. Place of Birth (Street and Number) 112 102 Park St.
5. Full Name of Mother Mary Reynolds
6. Mother's Maiden Name Mary Serick
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Reynolds
9. Father's Occupation Laundryman
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Isabeyna Gresham
- Address 112 102 Park St. Baltimore
- Remarks See 6



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *3rd June 1879*
4. Place of Birth (Street and Number) *295 East Calver St.*
5. Full Name of Mother *Catharine Gilbert*
6. Mother's Maiden Name *Catharine Hattie*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Robert Miller*
9. Father's Occupation *Carriage Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. A. H. Smith*
- Address *112 North Chapel Street per Justice*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

White

13<sup>th</sup> of June

275 East Bank St.

Eliza Rogers Thomas

Eliza Rogers

Baltimore

Andrew Thomas

Barber

Heavenburg

Mrs. Wiley

No 12 Patterson Park Rd

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31608



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 13th 1872
4. Place of Birth (Street and Number) No 193 Frederick Ave.
5. Full Name of Mother Anna Hartman
6. Mother's Maiden Name Anna Kuhn
7. Mother's Birthplace Germania
8. Full Name of Father Charles Hartman
9. Father's Occupation Printer
10. Father's Birthplace Germania
- Name of Medical Attendant, or other Person who makes this Return. Catherine Doll
- Address No 37 Bentable St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

21609  
JUL  
1879  
1012

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) W
3. Date of Birth June 13, 1879
4. Place of Birth (Street and Number) 85 Varaloga
5. Full Name of Mother Mollie Adams
6. Mother's Maiden Name " Martin
7. Mother's Birthplace Balt.
8. Full Name of Father Wm. Jeff. Adams
9. Father's Occupation Clerk
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. McLaughlin
- Address 57 Barrett
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31610  
JUN 16 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *June 13 1879*
4. Place of Birth (Street and Number) *# 16 Courtland st*
5. Full Name of Mother *Mary Agnes Wright*
6. Mother's Maiden Name *Mary A. Blain*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Calvin D Wright*
9. Father's Occupation *as waiter*
10. Father's Birthplace *Mass & Va*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Allen Shortt 42 Little Sharp st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> Child

1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) White
3. Date of Birth June 13. 1879
4. Place of Birth (Street and Number) E. Lombard St. N<sup>o</sup> 50 1/2
5. Full Name of Mother Emilie Knight
6. Mother's Maiden Name Emilie Cole
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Knight
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

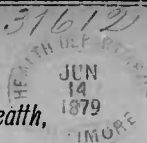
Address A. Dallas St. N<sup>o</sup> 26

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

June 13<sup>d</sup> 1879

4. Place of Birth (Street and Number)

40511 W. Ball's Street

5. Full Name of Mother

Minnie Ruben

6. Mother's Maiden Name

Minnie Meyer

7. Mother's Birthplace

Russia

8. Full Name of Father

Benedict Ruben

9. Father's Occupation

Merchant

10. Father's Birthplace

Russia

Name of Medical Attendant, or other Person who makes this Return.

A. H. Edwards M.D.

Address

88 W. Cedar Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
male

June 13

138

Greenmount Ave

Isabella Williams

Isabella Jordan

Baltimore

Geo. Henry Williams

Carpenter

Hanford Co

J. A. Warner, M.D.

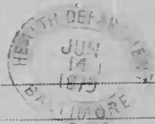
256 N Eden St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *13 of June 1879*

4. Place of Birth (Street and Number) *220 Charles corner St*

5. Full Name of Mother *Lizzie Conwade*

6. Mother's Maiden Name *Lizzie Schloer*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Conwade*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Mary Gable*

Address *89 Lancaster St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth June 13 1879
4. Place of Birth (Street and Number) 222 Chew St
5. Full Name of Mother Mary Russell
6. Mother's Maiden Name Linne
7. Mother's Birthplace Balt. City
8. Full Name of Father Francis Russell
9. Father's Occupation Clerk
10. Father's Birthplace Balt. City
- Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer M.D.
- Address 68 McEnroe St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth June 13- 1879
4. Place of Birth (Street and Number) Division St. North of Nelson
5. Full Name of Mother Anna Priscilla During
6. Mother's Maiden Name Carling
7. Mother's Birthplace Nederick Ind
8. Full Name of Father Edward Vincent During
9. Father's Occupation bricklayer
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Martinez Brewer Ind  
of the Health Dept
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sixth, (6<sup>th</sup>).*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *June 15<sup>th</sup> / 1879*

4. Place of Birth (Street and Number) *#13 Miller St.*

5. Full Name of Mother *Francis Rayman*

6. Mother's Maiden Name *Shakle*

7. Mother's Birthplace *Bohemia*

8. Full Name of Father *Thos Rayman*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Bohemia*

Name of Medical Attendant, or other Person who makes this Return. *A. F. Erick, M.D. per. Buccini*

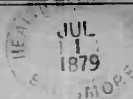
Address *#94 S. Broadway.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar infore said, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child*
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *W*
3. Date of Birth *June 13 1879*
4. Place of Birth (Street and Number) *N. 89 St Paul St*
5. Full Name of Mother *Virginia H Hallam*
6. Mother's Maiden Name *Virginia H Hicks*
7. Mother's Birthplace *Richmond Va*
8. Full Name of Father *Frank Hallam*
9. Father's Occupation *Minister*
10. Father's Birthplace *Newport Ky*
- Name of Medical Attendant, or other Person who makes this Return. *J H Patterson M D*
- Address *25 Franklin "*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31619  
HEALTH DEPT.  
JUN  
26  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 13<sup>th</sup>*

4. Place of Birth (Street and Number) *121 Ralston St*

5. Full Name of Mother *Junnie Hopkins*

6. Mother's Maiden Name

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

*H. F. Hill M.D.*

Address

*361 Franklin St.*

Remarks

*Illegitimate Child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31620  
HEALTH DE  
JUN  
24  
1879  
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 20 - 1879
4. Place of Birth (Street and Number) 5 C
5. Full Name of Mother James E
6. Mother's Maiden Name James E
7. Mother's Birthplace Baltimore
8. Full Name of Father James E
9. Father's Occupation Planer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. W. E. Moore, M.D.
- Address 248 N. E. Street
- Remarks 2 children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Female  
white

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 13<sup>th</sup> 1879

4. Place of Birth (Street and Number)

123 S. Ann St.

5. Full Name of Mother

Susan Brown

6. Mother's Maiden Name

Susan Nelson

7. Mother's Birthplace

Baltd. City

8. Full Name of Father

Geo. Brown

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

D. B. W. Clausfield

Address

117 S. Broadway

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether male or female) *Male* *White*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13 June*
4. Place of Birth (Street and Number) *N 24 Jones St*
5. Full Name of Mother *Mary Jones*
6. Mother's Maiden Name *Mary Oreston*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *prop John Barker*
9. Father's Occupation *By trade*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. North William*
- Address *No. 10 North St*
- Remarks *Nothing*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 14 June
4. Place of Birth (Street and Number) N 74 North High St
5. Full Name of Mother Louisa C. Magness
6. Mother's Maiden Name Myers
7. Mother's Birthplace Carroll County
8. Full Name of Father Henry J. Magness
9. Father's Occupation Farmer
10. Father's Birthplace Belair Therford County, Md.
- Name of Medical Attendant, or other Person who makes this Return. Arnold J. Chrissner
- Address No 7 Garrett Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, age, color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

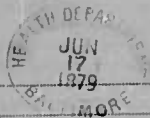
31624  
DEPT. OF HEALTH  
JUN 16 1879  
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Fourth*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 14<sup>th</sup>*  
4. Place of Birth (Street and Number) *No 36 Mr L Verman Place*  
5. Full Name of Mother *Louie Jenkins*  
6. Mother's Maiden Name *Lusby*  
7. Mother's Birthplace *Orleans*  
8. Full Name of Father *Frank X Jenkins*  
9. Father's Occupation *Merchant*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Ruffin Buckler*  
Address *135 Becharles St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 14th 1879*
4. Place of Birth (Street and Number) *111 Fremont St*
5. Full Name of Mother *Elizabeth Rubin*
6. Mother's Maiden Name *" Intake*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Rubin*
9. Father's Occupation *Cigar Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Midwife Theresa Eselding*
- Address *14 Union St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *14 of June 1879*

4. Place of Birth (Street and Number) *381 Eastern Av*

5. Full Name of Mother *Mary Hoege*

6. Mother's Maiden Name *Schmidt*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Frank Hoege*

9. Father's Occupation *Bricklayer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*

Address *No 12 Patterson Park St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

31627  
JUL  
1899

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 14<sup>th</sup> 1899*
4. Place of Birth (Street and Number) *Biddle St 34*
5. Full Name of Mother *Cara*
6. Mother's Maiden Name *Davis*
7. Mother's Birthplace *Harford Co. Md*
8. Full Name of Father *Wm B Bonauble*
9. Father's Occupation *Milk Dealer*
10. Father's Birthplace *Harford Co Md.*
- Name of Medical Attendant, or other Person who makes this Return. *S. F. Coyner M.D.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31628

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* *14* *1879*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race)  
3. Date of Birth *365 North Gay st*  
4. Place of Birth (Street and Number) *Mrs Jennie Gunter*  
5. Full Name of Mother  
6. Mother's Maiden Name *Jennie Jenkins*  
7. Mother's Birthplace *Baltimore 119*  
8. Full Name of Father *James R. Gunter*  
9. Father's Occupation *Baker*  
10. Father's Birthplace *Baltimore 119*  
Name of Medical Attendant, or other Person who makes this return. *Dr. L. H. Hays*  
Address *No 26 N Frederick St*  
Remarks *L. H.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31629

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 14. 1879
4. Place of Birth (Street and Number) No 7 Harmony Lane
5. Full Name of Mother Mal. Boston
6. Mother's Maiden Name W. Morris
7. Mother's Birthplace Balt.
8. Full Name of Father "
9. Father's Occupation Laborer
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. Chas. Jr. Neff
- Address 306 N. Fayette St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31630



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 14th. 1879*
4. Place of Birth (Street and Number) *No. 335 W. Lombard Street*
5. Full Name of Mother *Kennedy Pitts*
6. Mother's Maiden Name *-*
7. Mother's Birthplace *Scotland*
8. Full Name of Father *Sam'l J. Pitts*
9. Father's Occupation *Sellman*
10. Father's Birthplace *Pa. Co.*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. W. Jeff.*
- Address *206 W. Fayette Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31631

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth June 14 - 1879  
4. Place of Birth (Street and Number) 107 Harlem Ave.  
5. Full Name of Mother Catharine Ann Huban  
6. Mother's Maiden Name " " Methan  
7. Mother's Birthplace Baltimore, Md.  
8. Full Name of Father Thomas A. Huban  
9. Father's Occupation Saleman  
10. Father's Birthplace Ireland  
Name of Medical Attendant, or other Person who makes this Return. John L. King - M.D.  
Address 76 Edmondson Ave.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist at, or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31632  
HEALTH DEPT  
JUN  
10  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 14 of June
4. Place of Birth (Street and Number) North St. No 22
5. Full Name of Mother Marriet Powell
6. Mother's Maiden Name Marriet Thomas
7. Mother's Birthplace St. Marys County
8. Full Name of Father Madison Powell
9. Father's Occupation Laborer
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Leopold A. C. Overton
- Address 10 North Wall St
- Remarks Live Born

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 'RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31633  
JUL  
2  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *June 14 - 1879*
4. Place of Birth (Street and Number) *No 5 Miller Street*
5. Full Name of Mother *Charlotte Ramsey*
6. Mother's Maiden Name *Charlotte Williams*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Mortimer S. Ramsey*
9. Father's Occupation *Career*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Ann Allwell*
- Address *284 E. Long St*
- Remarks *(Not named the child yet)*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

316314



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7d.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

June 14<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Battery St. No. 123

5. Full Name of Mother

Emeline Zukermann

6. Mother's Maiden Name

Emeline Mellay

7. Mother's Birthplace

Philadelphia Pa

8. Full Name of Father

Charles Zukermann

9. Father's Occupation

Saloon

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Dorothea Brune

Address

No 144 Battery St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 31633
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth June 11th 1879
4. Place of Birth (Street and Number) 60 Bottom Alley
5. Full Name of Mother Ira C. Martin
6. Mother's Maiden Name " " Whitehouse
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Chas. F. Martin
9. Father's Occupation Physician
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Anna Mervarch (Widow)
- Address 138 Penna Avenue
- Remarks \_\_\_\_\_
- JUL 17 1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June the 11th 1879
4. Place of Birth (Street and Number) Baltimore the st No 302
5. Full Name of Mother Ellen Murrison
6. Mother's Maiden Name Ellen Murrison
7. Mother's Birthplace Baltimore
8. Full Name of Father John Murrison
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. S. Fuchberger
- Address 139 Stricker st Baltimore
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

June 14 d. 1879

4. Place of Birth (Street and Number)

2. Walker Str.

5. Full Name of Mother

Marie Beck

6. Mother's Maiden Name

Mrs. Rith

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Ernst Beck

9. Father's Occupation

Cabinetmaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Marie R. Rudiger

Address

134 W. Bond Str.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31638

JUN  
21  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 14th*
4. Place of Birth (Street and Number) *Marble Alley*
5. Full Name of Mother *LeRoy Beyar*
6. Mother's Maiden Name *LeRoy*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Christian Beyar*
9. Father's Occupation *Car Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mary Webb*
- Address *94 Lancaster St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31639

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 14 June
4. Place of Birth (Street and Number) No 5 Wolf Street
5. Full Name of Mother Lena Simon
6. Mother's Maiden Name Knechtlen
7. Mother's Birthplace Baltimore
8. Full Name of Father Paul Simon
9. Father's Occupation Frederick Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophie Simon
- Address No 70 Greenly Street
- Remarks



But any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 15 1879*

4. Place of Birth (Street and Number) *141 Sparks St*

5. Full Name of Mother *Lda Fatus*

6. Mother's Maiden Name *Lda Le Cato*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *Harter P. Fatus*

9. Father's Occupation *Commission Merchant*

10. Father's Birthplace *Northampton Co. Ma*

Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

15 June 1879.

4. Place of Birth (Street and Number)

38 Melgarrison St.

5. Full Name of Mother

Matilda Brunet

6. Mother's Maiden Name

" Replein

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Brunet

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Proh  
328 South Eutan St

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child  
female  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 15<sup>th</sup> 1879

4. Place of Birth (Street and Number)

24 South Eutan St

5. Full Name of Mother

Lena Carey Pado

6. Mother's Maiden Name

Lena Carey Pohl

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Pado

9. Father's Occupation

Bookbinder

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Slifer No 33 South

Address

No 33 South Howard St Baltimore M.D.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31644

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 15<sup>th</sup>*
4. Place of Birth (Street and Number) *262 S. Sharp St.*
5. Full Name of Mother *Jeannette Hall*
6. Mother's Maiden Name *Jeannette Johnson*
7. Mother's Birthplace *Balt., Md.*
8. Full Name of Father *Reverend Milton Hall*
9. Father's Occupation *Physician*
10. Father's Birthplace *Balt., Md.*
- Name of Medical Attendant, or other Person who makes this Return. *R. M. Hall M.D.*
- Address *262 S. Sharp St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 12

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth 15 June

4. Place of Birth (Street and Number) Columbia Street 145

5. Full Name of Mother Mary H. Spindler

6. Mother's Maiden Name Mary H. Luthardt

7. Mother's Birthplace Van Hook to Lucy Sachs

8. Full Name of Father Ernst T. Luthardt

9. Father's Occupation Baker

10. Father's Birthplace Sonneberg Herzogthum Sachsen Weimaringer

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs. Hunter



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31646



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>  
Female  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 15<sup>th</sup> 1879

4. Place of Birth (Street and Number)

East Ave & Burrows

5. Full Name of Mother

Hannah Kippell

6. Mother's Maiden Name

Hannah Kippell

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John Kippell

9. Father's Occupation

Grocer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. G. Wampler M.D.

Address

No 203 W Lombard St

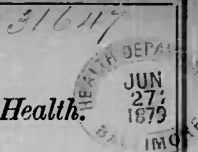
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 15th 1879

4. Place of Birth (Street and Number) 172 Battery Avenue

5. Full Name of Mother Rachel A C Swallen

6. Mother's Maiden Name

7. Mother's Birthplace Carol Co Md

8. Full Name of Father Joseph W. Swallen

9. Father's Occupation

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary C Thornton

Address 174 Battery Avenue

Remarks

51648

# RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) White
3. Date of Birth June 15<sup>th</sup> 1879
4. Place of Birth (Street and Number) 46.5 W. Lombard St
5. Full Name of Mother Ira Eliza Bowen
6. Mother's Maiden Name Ira W. Turner
7. Mother's Birthplace East Greenwich Rhode Island
8. Full Name of Father Isias Stansbury Bowen
9. Father's Occupation Merchant
10. Father's Birthplace Patapsco Neck Baltimore County Md
- Name of Medical Attendant, or other Person who makes this return Nicholas L. Dushnell
- Address 207 S. Broadway
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the name and sex of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8th  
Male  
White

June 15, 1879.

60-23 Houseatta st

Mary Bradley

Mary Hoofnagle

Baltimore

John Bradley

Crocker

Baltimore

Catherine Horner

106 West st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15 June
4. Place of Birth (Street and Number) Shumann Alley
5. Full Name of Mother Dora Schuchel
6. Mother's Maiden Name Hoffman
7. Mother's Birthplace Baltimore
8. Full Name of Father Carl Schuchel
9. Father's Occupation (Potter)
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No. 10 Granby Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31651



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 15<sup>th</sup> 1879

4. Place of Birth (Street and Number)

201 Bank St.

5. Full Name of Mother

Annie Beever

6. Mother's Maiden Name

Annie White

7. Mother's Birthplace

New York State

8. Full Name of Father

John Beever

9. Father's Occupation

Furniture Dealer

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

S. B. W. Slansfield

Address

117 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 15, 1879*
4. Place of Birth (Street and Number) *191 George St.*
5. Full Name of Mother *Annie Foulard*
6. Mother's Maiden Name *Annie King*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John T. Foulard*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. W. P. Morgan*
- Address *17 & Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 15th 1879*

4. Place of Birth (Street and Number) *Maternity Hospital 1437 Lombard St.*

5. Full Name of Mother *Fannie Tolson*

6. Mother's Maiden Name *'*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Unknown*

9. Father's Occupation *Unknown*

10. Father's Birthplace *Unknown*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Branch*

Address *1637 Lombard St.*

Remarks *Mother and child are doing well*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

316571-



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

June White

3. Date of Birth

15 July 1879

4. Place of Birth (Street and Number)

121 North Calvert St

5. Full Name of Mother

Martha Austin

6. Mother's Maiden Name

Martha Chamberlain

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

James Le Balk Austin

9. Father's Occupation

Provision Dealer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Amanda Marine

Address

378 East Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31633  
JUN 19 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

French  
White  
June 15 1879  
73 Johnson St  
Mary Catherine Foglesong  
Dumery  
Montgomery Md  
John Henry Foglesong  
Laborer  
Baltimore  
Miss Ann Kaske

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth child*  
 1. Sex (state whether Male or Female) *male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *15 of June*  
 4. Place of Birth (Street and Number) *711 Race Street*  
 5. Full Name of Mother *Mary Haddock*  
 6. Mother's Maiden Name *Mary Golby*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *John Haddock*  
 9. Father's Occupation *laborer*  
 10. Father's Birthplace *Pennsylvania*  
 Name of Medical Attendant, or other Person who makes this return *Mary L. Inayore*  
 Address *18 Wynn's Street*  
 Remarks *Living well mother and child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

31657  
HEALTH DEPT. BALTIMORE  
JUN 18 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 10 1879*
4. Place of Birth (Street and Number) *337 Eastern or*
5. Full Name of Mother *Margaret Sudaran*
6. Mother's Maiden Name *Margaret Whelan*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Martin Sudaran*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Rachel Ann Garrett*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31638  
HEALTH DEPT  
JUL  
2  
1879  
BALTIMORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st son*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 16. 1879*
4. Place of Birth (Street and Number) *114 Druid Hill Avenue*
5. Full Name of Mother *Wolff*
6. Mother's Maiden Name *Sitz*
7. Mother's Birthplace *Balt City*
8. Full Name of Father *Geo. L. Wolff*
9. Father's Occupation *Tobacco merchant*
10. Father's Birthplace *Balt City*
- Name of Medical Attendant, or other Person who makes this Return. *Marbury Brewster M.D.*
- Address *68 Mc Clellan St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

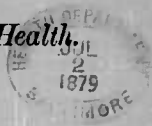
- 31639 JUL 2 1879
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 16<sup>th</sup> 1879
4. Place of Birth (Street and Number) 314 Taperman St.
5. Full Name of Mother Sophia M. Hill
6. Mother's Maiden Name Clark
7. Mother's Birthplace Baltimore
8. Full Name of Father Beverly M. Hill
9. Father's Occupation Salvage
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Bates
- Address 1455 Canton, Md.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31660



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth June 16/79  
4. Place of Birth (Street and Number) 161 Barnes St  
5. Full Name of Mother Emma Holland  
6. Mother's Maiden Name Delaney  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Wm H Holland  
9. Father's Occupation Salesman  
10. Father's Birthplace Virginia  
Name of Medical Attendant, or other Person who makes this Return. Mrs G A Lewis  
Address 162 Annapolis St  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 16<sup>th</sup> 1899
4. Place of Birth (Street and Number) No 22 Patterson St
5. Full Name of Mother Josephine Plessing
6. Mother's Maiden Name Josephine Goche
7. Mother's Birthplace Germany
8. Full Name of Father Charles Plessing
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Hena H. Alquist
- Address 181 E Monument
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

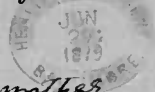
329  
Male  
White  
June 16<sup>th</sup> 1879  
Baltimore Lane S. E. No. 1  
Annie M<sup>c</sup>. Ensey  
Burns  
Ireland  
Thomas M<sup>c</sup>. Ensey  
Laborer  
Ireland  
Mrs. G. Mitchell  
No. 146 Ramsey St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*

1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *June the 16. 1878*
4. Place of Birth (Street and Number) *No 59 Walton St Baltimore m d*
5. Full Name of Mother *Anna Ann King*
6. Mother's Maiden Name *Anna Anderson*
7. Mother's Birthplace *Baltimore County m d*
8. Full Name of Father *Albret King*
9. Father's Occupation *Salor*
10. Father's Birthplace *Messingers*

Name of Medical Attendant, or other Person who makes this Return. *Lurinda Wolford*

Address *130 Regester St Baltimore m d*

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

316611  
31665

JUN  
19  
1979

MOORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth, & Sixth*
1. Sex (state whether Male or Female) *Twins, both male*
2. Race or Color (if not of the white race) *White Race*
3. Date of Birth *June, the 16th*
4. Place of Birth (Street and Number) *William St - 1443*
5. Full Name of Mother *Laura G. Pool*
6. Mother's Maiden Name *Laura G. Christman*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Richard G. Pool*
9. Father's Occupation *Boiler Maker*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Conway*
- Address *#131 Battery Avenue*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

1666  
HEALTH DEPT  
JUN  
24  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
June 16: 1879  
80 S. Poppleton  
Eliza Yeager  
Ernick  
Baltimore  
Albert Yeager  
Brickman B. & O. R.  
Philadelphia

A. L. Spicer M.D.  
379 W. Lombard St.

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1st Child  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. *Date of Birth*

June 17<sup>th</sup> 1829

4. *Place of Birth (Street and Number)*

Set 274 Sharp vol

5. *Full Name of Mother.*

Mary Chiller

6. *Mother's Maiden Name*

*Joseph*

### 7. Mother's Birthplace

*America*

8. *Full Name of Father*

Conrad Miller

### 9. Father's Occupation

Baker

### 10. *Father's Birthplace*

Germany

Name of Medical Attendant, or other Person who makes this Return.

the  
th. *G. Johansson midwife*

*Address*

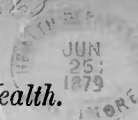
330 Hanover St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*  
1. Sex (state whether male or female) *male*  
2. Race or Color (if not of the white race) *colored*  
3. Date of Birth *june 17th*  
4. Place of Birth (Street and Number) *151 north st*  
5. Full Name of Mother *anniedorsey*  
6. Mother's Maiden Name *anniedorsey*  
7. Mother's Birthplace *st mary county*  
8. Full Name of Father *perry sheward*  
9. Father's Occupation *water*  
10. Father's Birthplace *dorchester county*  
Name of Medical Attendant, or other Person who makes this Return. *md J Lydell Potter*  
Address *no 4 haptscow avenue*  
Remarks *first child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar inforensid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1 June 1879*
4. Place of Birth (Street and Number) *34 East Lombard Street*
5. Full Name of Mother *Anna Scott*
6. Mother's Maiden Name *Anna Hafford*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm Hafford*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm Scott R. R.*
- Address *W. Scott R. R. 1111 Chestnut St.*
- Remarks *Stillborn*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

June 17

13 E. Biddle St near McAllister

Kate Rath

" McLeary

Canada

Louis Rath

Cigar Maker

Baltimore

Walker & White, M.D.

20 W. 1st Broadway



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31671  
JUL  
1873  
IMORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 17<sup>th</sup> June
4. Place of Birth (Street and Number) 348 Pennsylvania Ave
5. Full Name of Mother Jennie McC. Clifford
6. Mother's Maiden Name McCoy
7. Mother's Birthplace Balt.
8. Full Name of Father John H. Clifford
9. Father's Occupation Flour & Feed Dealer.
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. H. W. Olin
- Address 274 Madison Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth May 17 1879

4. Place of Birth (Street and Number) 66 Sanson St

5. Full Name of Mother Mary Simpson

6. Mother's Maiden Name Mary Gibson

7. Mother's Birthplace Baltimore City

8. Full Name of Father Ernest Simpson

9. Father's Occupation Gate Keeper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Gibson

Address 66 Sanson St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth June 17, 1879.
4. Place of Birth (Street and Number) Chapel near Chase St.
5. Full Name of Mother Charlotte Jane McGinnigan.
6. Mother's Maiden Name Withland.
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father James M. Ginnigan.
9. Father's Occupation Horse Jockey.
10. Father's Birthplace Ireland.
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks Miss. Office of Bowers.  
Chapel St. Near Lager

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 17. 1879
4. Place of Birth (Street and Number) St. Marys & Radcliff St.
5. Full Name of Mother Anna L. Hines
6. Mother's Maiden Name Cochran
7. Mother's Birthplace Buck. City
8. Full Name of Father David S. Hines
9. Father's Occupation Clerk
10. Father's Birthplace Buck. City
- Name of Medical Attendant, or other Person who makes this Return Marbury Brewer Dr.
- Address 58 McCallum St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31675  
JUN 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *17 June 1879*  
 4. Place of Birth (Street and Number) *No. 163 N. Caroline St.*  
 5. Full Name of Mother *R. Schaefer*  
 6. Mother's Maiden Name *R. Harrison*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *C. Schaefer*  
 9. Father's Occupation *Printer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return, *Mrs. M. A. Bull*  
 Address *No. 185 N. Monument St. cor. Central av.*  
 Remarks *Well*

# **NOTICE**

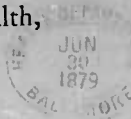
The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

21677

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1<sup>st</sup>)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 17, 1879*
4. Place of Birth (Street and Number) *No. 225 Harford Avenue*
5. Full Name of Mother *Mrs. Mary Ella Barbour*
6. Mother's Maiden Name *Miss " " Laph*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Mr. Henry L. Barbour*
9. Father's Occupation *Produce Dealer*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Cleland M.D.*
- Address *No. 102 N. Broadway*
- Remarks *French Case*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31678  
JUN 24 1879  
Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 17 1879

4. Place of Birth (Street and Number)

187 S. Gay St.

5. Full Name of Mother

Jennie Mersuchen

6. Mother's Maiden Name

Jennie Murgensen

7. Mother's Birthplace

Germany

8. Full Name of Father

David Meyersohn

9. Father's Occupation

Merchant

10. Father's Birthplace

France

Name of Medical Attendant, or other Person who makes this Return.

Abram S. Amold MD

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31679  
JUN 23 1879  
BALTIMORE

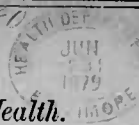
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth June 17
4. Place of Birth (Street and Number) Baltimore Cross St 249
5. Full Name of Mother Harite Jones
6. Mother's Maiden Name Harit d. Davis
7. Mother's Birthplace Calvert county
8. Full Name of Father Georgel Jones
9. Father's Occupation Shoe maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Chase
- Address 10 Peach Alley
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 17th 1879*
4. Place of Birth (Street and Number) *38 E. Fayette St.*
5. Full Name of Mother *Mrs. E. Robinson*
6. Mother's Maiden Name *Mary B. Brown*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Capt. George T. Robinson*
9. Father's Occupation *Civil Engineer*
10. Father's Birthplace *Wilkesbarre, Penna.*
- Name of Medical Attendant, or other Person who makes this Return. *J. M. [illegible]*
- Address *[illegible]*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

31687  
HEALTH DEPT.  
JUN  
23  
1879  
IMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth June 17th, 1879

4. Place of Birth (Street and Number) 61 Harrison str.

5. Full Name of Mother Anna Isaac

6. Mother's Maiden Name Friedman

7. Mother's Birthplace Russia

8. Full Name of Father Michael Isaac

9. Father's Occupation Pedler

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this return Mrs. Bernstein

Address 113 E. Lombard str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 17 1879*
4. Place of Birth (Street and Number) *16 Harris ally*
5. Full Name of Mother *Mary Lanehar*
6. Mother's Maiden Name *Mary Linn*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Daniel Lanehar*
9. Father's Occupation *laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Richard W. J. Gurnett*
- Address *65 brick st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31683

JUN 21 1879

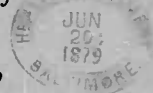
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 17 1879
4. Place of Birth (Street and Number) 145 St. Caroline St.
5. Full Name of Mother Fannie Dwyer
6. Mother's Maiden Name Fannie Finley
7. Mother's Birthplace New York
8. Full Name of Father Wm. B. Dwyer
9. Father's Occupation Clark
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. G. W. Hill
- Address 126 W. Monument St.
- Remarks Still Born - died before 24 hours

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) Salvador

3. Date of Birth 17 th June 1879

4. Place of Birth (Street and Number) 125 Yerling St

5. Full Name of Mother Allie Wheeler

6. Mother's Maiden Name Allie Brown

7. Mother's Birthplace Easton Shen

8. Full Name of Father Geo Washington Wheeler

9. Father's Occupation Salvador

10. Father's Birthplace Baltimore Mary

Name of Medical Attendant, or other Person who makes this Return. Dr. Potts

Address William No 20 Academy

Remarks It Mother had been in lab

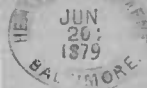
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31685

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 19th 1879

4. Place of Birth (Street and Number)

Indemnity 163 W Lombard St

5. Full Name of Mother

Elen McDevitt

6. Mother's Maiden Name

" "

7. Mother's Birthplace

St. J.

8. Full Name of Father

Unknown

9. Father's Occupation

" "

10. Father's Birthplace

" "

Name of Medical Attendant, or other Person who makes this Return.

J. H. Frankham

Address

162 W Lombard St

Remarks

Mother and Child are doing well



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31686



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> Child
1. Sex (state whether ~~male~~ or female)
2. Race or Color (if not of the white race) White
3. Date of Birth June the 18, 1879
4. Place of Birth (Street and Number) Hamstead St. No 20.
5. Full Name of Mother Mary B. Holzmann
6. Mother's Maiden Name Mary B. Seibert
7. Mother's Birthplace Kulmbach, Th. Prussia, Germany
8. Full Name of Father Hermann Holzmann
9. Father's Occupation Taylor
10. Father's Birthplace Wesungen, Hess. L. Prussia, Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller
- Address N. Dallas St. No 26.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> child*

1. Sex (state whether ~~male~~ female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June the 18. 1879*
4. Place of Birth (Street and Number) *S. Carolina St. No. 140.*
5. Full Name of Mother *Matharina Hübner*
6. Mother's Maiden Name *Matharina Döring*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Heinrich Hübner*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*

Address *N. Dallas St. No. 26.*

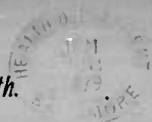
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31688



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 18<sup>th</sup> 1899

4. Place of Birth (Street and Number) No 51 Wadswell Street

5. Full Name of Mother Catherine Stearns

6. Mother's Maiden Name Phillips

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Stearns

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

E. Bennett M.D. 24 W. Leona Ave.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31689

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Birth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

18th June

4. Place of Birth (Street and Number)

112 Scott St

5. Full Name of Mother

Margaret Goddard

6. Mother's Maiden Name

Beauregard

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Sherr

9. Father's Occupation

Seaman

10. Father's Birthplace

Delaware

Name of Medical Attendant, or other Person who make this Return.

Mrs Mary Bourgeois

Address

No 112 Scott St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *15<sup>th</sup> June.*
4. Place of Birth (Street and Number) *42 Penn St.*
5. Full Name of Mother *Kate Cinolf.*
6. Mother's Maiden Name *Kate Naumann.*
7. Mother's Birthplace *Wetter.*
8. Full Name of Father *Howard Cinolf.*
9. Father's Occupation *Shoemaker.*
10. Father's Birthplace *Biedenkopf.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Seelach.*
- Address *No. 439 West Pratt Street.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
June 18/79  
on 27 S. Fremont  
Francis C. Lippert  
" " " " " "  
Anne Frankie P. Ind  
Richard Lippert  
Richard (Brett Lippert)  
Baltimore

H. C. Spencer  
379 W. Lombard

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 18th 1879

4. Place of Birth (Street and Number)

188 Orleans Street

5. Full Name of Mother

Mary Elizabeth Gill

6. Mother's Maiden Name

Glenn

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Harry Gill

9. Father's Occupation

Salesman

10. Father's Birthplace

Dallas City

Name of Medical Attendant, or other Person who makes this Return.

J. W. Selousville

Address

520 E. Gay St. Baltimore

Remarks

Eclampsia lasting 14 hours;



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 18. 1879
4. Place of Birth (Street and Number) + 116 E. Pratt St.
5. Full Name of Mother Julia C. Lucke
6. Mother's Maiden Name Seiger
7. Mother's Birthplace Baltimore
8. Full Name of Father Rudolph M. Lucke
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.
- Address #325 N. Caroline St.
- Remarks



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

316944  
JUN 18 1879  
BAL 1042

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *18 June 1879*
4. Place of Birth (Street and Number) *222 Chesnut St*
5. Full Name of Mother *Helena Swellbank*
6. Mother's Maiden Name *Beltzhaus*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Herman Swellbank*
9. Father's Occupation *Vinyl Store*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Para Casper*
- Address *612 W. Lombard St*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

31695  
JUL  
2  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

June 18<sup>th</sup> 1879

4. Place of Birth (Street and Number)

31 Burke St

5. Full Name of Mother

Anna Tolby

6. Mother's Maiden Name

" Serfert

7. Mother's Birthplace

City

8. Full Name of Father

Jos Tolby

9. Father's Occupation

Labr. Charrier

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth B. B.

Address

241 Canton, Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 18<sup>th</sup> 1879

4. Place of Birth (Street and Number)

371 Laureate St

5. Full Name of Mother

Mary Emma Price

6. Mother's Maiden Name

Price

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm Benjamin Price

9. Father's Occupation

Agent, Paints, oils, varnish &c

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Elias C Price M.D.

Address

262 Madison Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) F
2. Race or Color (if not of the white race) W
3. Date of Birth June 18, 1879
4. Place of Birth (Street and Number) 28 Enoch St
5. Full Name of Mother Catharine Banks
6. Mother's Maiden Name Taylor
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father Saml W. Banks
9. Father's Occupation Furniture Dealer
10. Father's Birthplace Baltimore, Md
- Name of Medical Attendant, or other Person who makes this Return. L. C. Gordon, M.D.
- Address 311 E. E. Cadogan
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31698  
HEALTH DEPT  
JUN 25 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth-  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 18th 1879-  
No 309 E Monument Street-  
Margaret German

4. Place of Birth (Street and Number)

5. Full Name of Mother

Margaret Poisel

6. Mother's Maiden Name

Virginia

7. Mother's Birthplace

J Wesley German  
Pharmacist

8. Full Name of Father

9. Father's Occupation

Baltimore

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Sam'l & Powell M.D.  
No 29, Asquith St Baltimore

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *June 18th 1877*
4. Place of Birth (Street and Number) *No. 198 Sharp St*
5. Full Name of Mother *Elizabeth L. Miller*
6. Mother's Maiden Name
7. Mother's Birthplace *America*
8. Full Name of Father *Albert L. Deyer*
9. Father's Occupation *Carpenter*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *J. Bohrer midwife*
- Address *330 Hanover St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31700

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT  
JUN  
20  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *Colored race*

3. Date of Birth *June the 19. 1879*

4. Place of Birth (Street and Number) *Chardon St N. C. D.*

5. Full Name of Mother *Demanda Butler*

6. Mother's Maiden Name *Demanda Clarke*

7. Mother's Birthplace *Baltimore m d*

8. Full Name of Father *William Butler*

9. Father's Occupation *Bricklayer*

10. Father's Birthplace *Baltimore m d*

Name of Medical Attendant, or other Person who makes this Return. *Lurinda Whalford*

Address *130 Regester St Baltimore m d*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother or such child or children.

# RETURN OF A BIRTH.

31701

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 17th 1879

4. Place of Birth (Street and Number)

Watergate 143 W. Lombard St

5. Full Name of Mother

Mary Wolf

6. Mother's Maiden Name

W

7. Mother's Birthplace

Baltimore

8. Full Name of Father

unknown

9. Father's Occupation

W

10. Father's Birthplace

W

Name of Medical Attendant, or other Person who makes this Return

J. H. Brauhams

Address

143 W. Lombard St

Remarks

Mother and child are doing well



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31702  
HEALTH DEPT  
JUN  
21  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 19 1877

4. Place of Birth (Street and Number) 49 Bond Street

5. Full Name of Mother Ernestine Gerhardt

6. Mother's Maiden Name Ernestine Bauerer

7. Mother's Birthplace Germany

8. Full Name of Father Theodore Gerhardt

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return J. M. Henry Amend

Address 137 South Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

June 19: 1879

241. S. P. Allen St

Emma M. Riggs

" " Buckley

Baltimore, Md.

Charles H. Riggs

Mechanic (Can Maker)

Baltimore, Md.

A. S. Spencer, M.D.

379 W. Lombard and St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

317011



To the Office of Registrar of Vital Statistics, Board of Health.

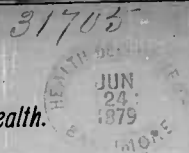
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 19th 1879
4. Place of Birth (Street and Number) 314 E. Pratt St.
5. Full Name of Mother Mary Belle Donahue
6. Mother's Maiden Name Mary Belle Hall
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father William Donahue
9. Father's Occupation Ship Carver
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. H. H. H.
- Address 417 N. Howard St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>  
Female

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

19 June

4. Place of Birth (Street and Number)

181 Exter St

5. Full Name of Mother

Matilda Webster

6. Mother's Maiden Name

Bilinger

7. Mother's Birthplace

Carroll County Md

8. Full Name of Father

John C Webster

9. Father's Occupation

Carpenter

10. Father's Birthplace

Gloveseter Bay Va

Name of Medical Attendant, or other Person who makes this Return.

Assula J. Chrismer

Address

No 7 Gosport Place

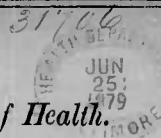
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 17<sup>th</sup> 1879

4. Place of Birth (Street and Number)

#186 P. Chapel Str.

5. Full Name of Mother

Rena Bishop Simms.

6. Mother's Maiden Name

Rena Bishop

7. Mother's Birthplace

Balto.

8. Full Name of Father

Chas Simms

9. Father's Occupation

Laborer

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary J. Simms

Address

#171 Stranbington Str

Remarks

Gift

# RETURN OF A BIRTH.

31707

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
State whether Male or Female *Male*  
or Color (if not of the white race) *White*  
of Birth *June 19<sup>th</sup> 1879*  
of Birth (Street and Number) *N. E. Monroe St.*  
Name of Mother *Mary Speden*  
Maiden Name *Mary Burns*  
Birthplace *Baltimore*  
Name of Father *Robert Speden*  
Occupation *Brick Layer*  
Birthplace *Baltimore*  
of Medical Attendant, or other Person who makes this Return. *Catherine Dell*

ka

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health:  
**BALTIMORE CITY.**

31708  
JUN  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 19<sup>th</sup> 1879

4. Place of Birth (Street and Number)

1414 E. Greenmount Ave.

5. Full Name of Mother

Kate Litter

6. Mother's Maiden Name

Kate Shankel

7. Mother's Birthplace

Germany

8. Full Name of Father

George Litter

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Hena Hillegast

Address

1826 Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31709

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar hereinaud, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 19<sup>th</sup> 1879

4. Place of Birth (Street and Number)

179 N. Fremont St.

5. Full Name of Mother

Laura Va Adams

6. Mother's Maiden Name

Daniel

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Rev. W. Adams

9. Father's Occupation

Minister

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

Hanover & Barris Sts

Remarks

31710



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) collar

3. Date of Birth 19 June

4. Place of Birth (Street and Number) 273 hares St

5. Full Name of Mother Laur Thomas

6. Mother's Maiden Name Laur Gross

7. Mother's Birthplace Maryland prince george

8. Full Name of Father John Thomas

9. Father's Occupation seller

10. Father's Birthplace Maryland prince george

Name of Medical Attendant, or other Person who makes this return Geratine Moore

Address 273 hares St

Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31712

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No Children &*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth: *June 19th 1879*
4. Place of Birth (Street and Number) *East Biddle St. 237*
5. Full Name of Mother *Anna Clara Glanville*
6. Mother's Maiden Name *Fairchild*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Offely Glanville*
9. Father's Occupation *Neighborhood*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. H. Hayson M.D.*
- Address *18 Disputant St. Balt.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19th June 1879*
4. Place of Birth (Street and Number) *552 Saratoga st*
5. Full Name of Mother *Liseta Shipley*
6. Mother's Maiden Name *Greenstein*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Murray Shipley*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Midwife Theresa Engeldinger*
- Address *14 Union st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

317111

JUN 1 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

June 17<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Jefferson St. N<sup>o</sup> 196.

5. Full Name of Mother

Mary Gaier

6. Mother's Maiden Name

Mary Bush

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Emmanuel Gaier

9. Father's Occupation

Laber

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. William B. Bunn

Address

114 Barbey St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *June 19, 1897*

4. Place of Birth (Street and Number) *Johnson Street No 4*

5. Full Name of Mother *Lillie T. Donnell*

6. Mother's Maiden Name *Lillie M. Hill*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *William T. Donnell*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Brother D. D. D.*

Address *No 114 Battery Ave*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 19

4. Place of Birth (Street and Number)

264 Hanover St Baltimore Md

5. Full Name of Mother

Laura Virginia Green

6. Mother's Maiden Name

Douglass

7. Mother's Birthplace

Baltimore

Md

8. Full Name of Father

Thomas Green

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Perforine M. M. M.

Address

8 Lardner St

Remarks

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 17th 1879*
4. Place of Birth (Street and Number) *56 Gay St*
5. Full Name of Mother *Eugenie Julia Ann Carson*
6. Mother's Maiden Name *Eugenie Julia Ann Carson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Harrison Carson*
9. Father's Occupation *Telegraph Messenger*
10. Father's Birthplace *New York City*
- Name of Medical Attendant, or other Person who makes this Return. *A. H. Carson M.D.*
- Address *335 N. Calumet St.*
- Remarks



MISSING

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# 31718

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 19 June 1879
4. Place of Birth (Street and Number) 1 Bank St.
5. Full Name of Mother Christina Chartrac
6. Mother's Maiden Name Dicks
7. Mother's Birthplace Germany
8. Full Name of Father Frank Chartrac
9. Father's Occupation Laborer
10. Father's Birthplace Spain
- Name of Medical Attendant, or other Person who makes this Return. Harvey Stein
- Address 161 E Pratt St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31720

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 19<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Blair Road above Federal*
5. Full Name of Mother *Julia Blight*
6. Mother's Maiden Name *Julia Klein*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Robert Blight*
9. Father's Occupation *Hay packer*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. White M.D.*
- Address *311 S. Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31721  
HEALTH DEPT. - NEW  
JUN  
21  
1879  
MORE

Name of child: Ada Lee Hart  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth June 20th 1879  
4. Place of Birth (Street and Number) 246 Montgomery St  
5. Full Name of Mother Catharine E. Hart  
6. Mother's Maiden Name Catharine E. Staylor  
7. Mother's Birthplace Baltimore Md  
8. Full Name of Father Jno D Hart  
9. Father's Occupation Commission Merchant  
10. Father's Birthplace Virginia  
Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.  
Address  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31722



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 20 1879

4. Place of Birth (Street and Number)

264 Lexington St

5. Full Name of Mother

Eva Brown

6. Mother's Maiden Name

Eva Freidenrich

7. Mother's Birthplace

City.

8. Full Name of Father

Adelmen Brown

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Abraham McQuoid M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

31723  
HEALTH DEPT.  
JUN 25 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 20<sup>th</sup> 1879

4. Place of Birth (Street and Number)

109 Cambridge St.

5. Full Name of Mother

Annie Wiest Diamond

6. Mother's Maiden Name

Annie Wiest

7. Mother's Birthplace

Balto

8. Full Name of Father

James Diamond

9. Father's Occupation

Teamster

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary K. Simms

Address

171 Washington St.

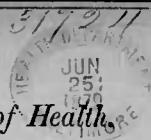
Remarks

HP

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 20 June
4. Place of Birth (Street and Number) No. 155 Marlborough St. N.Y.
5. Full Name of Mother Wilhelmina Schön
6. Mother's Maiden Name Wangnick
7. Mother's Birthplace Germany
8. Full Name of Father August Schön
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Saphir Simon
- Address No. 70 Green St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31723

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Grand  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 20  
 4. Place of Birth (Street and Number) No 10 Ridgely St  
 5. Full Name of Mother Shella Daley  
 6. Mother's Maiden Name Shella Bartholme  
 7. Mother's Birthplace Rindiaffila  
 8. Full Name of Father Winfield C Daley  
 9. Father's Occupation Piano master  
 10. Father's Birthplace New York  
 Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Haregan  
 Address No 112 Scott St  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31726

HEALTH DEPT  
JUN  
26  
1879  
IMPR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Male

White

June 20 1877

Pratt St No 182

Mary Tuttle

Mary Brooks

Baltimore

William B. Tuttle

Blacksmith

Baltimore

Mrs S. F. Fuchberger

139 Stricker St Bal

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31727  
JUN  
26  
1879  
BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

(state whether Male or Female)

male

Age or Color (if not of the white race)

Color

Place of Birth

man gurry St 570

Place of Birth (Street and Number)

Barn an 20

Name of Mother

Mr. Luper Blight

Mother's Maiden Name

Luper Saugga

Mother's Birthplace

Barn appa mas Comtee

Name of Father

William Blight

Father's Occupation

laborn man

Father's Birthplace

West India

Name of Medical Attendant, or other Person who makes this Return

Luper Sydney

Address

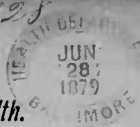
No 17 postal Co Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 <sup>th</sup>
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 20 <sup>th</sup> 1879
4. Place of Birth (Street and Number)	48 Pine St.
5. Full Name of Mother	Jessie Mary Robine
6. Mother's Maiden Name	" " Keith
7. Mother's Birthplace	England
8. Full Name of Father	Marko Anthony Robine
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	J. Cunningham
Address	781 Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31729

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

1879  
BAL  
ORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth 20th June  
4. Place of Birth (Street and Number) No. 121 N. Broadway  
5. Full Name of Mother M. Barthel  
6. Mother's Maiden Name M. Luther  
7. Mother's Birthplace Baltimore  
8. Full Name of Father F. Barthel  
9. Father's Occupation Schoolteacher  
10. Father's Birthplace Saxonia Weimar Germany  
Name of Medical Attendant, or other Person who makes this Return. Mrs M. I. Bell  
Address No. 185 Monument St. cor. Central av.  
Remarks Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31730

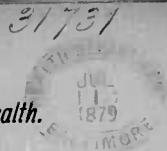
JUL  
11  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth, *June 20*  
4. Place of Birth (Street and Number) *184 Maryland St.*  
5. Full Name of Mother *Fanny Boggs*  
6. Mother's Maiden Name *Fanny Johns*  
7. Mother's Birthplace *Balt.*  
8. Full Name of Father *A. Graham Boggs*  
9. Father's Occupation *Clerk*  
10. Father's Birthplace *Balt.*  
Name of Medical Attendant, or other Person who makes this Return. *J. M. Wilson*  
Address *251 Madison Ave.*  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth June 20<sup>th</sup> 1879

4. Place of Birth (Street and Number) Livingston Street N<sup>o</sup> 44

5. Full Name of Mother Elizabeth Woodrow

6. Mother's Maiden Name Elizabeth Smith

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father James A. B. Woodrow

9. Father's Occupation Mariner

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brown

Address N<sup>o</sup> 114 Battery St

Remarks \_\_\_\_\_

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31732



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 20<sup>th</sup> June
4. Place of Birth (Street and Number) 45 Edmondson Ave
5. Full Name of Mother Ella M. Howard
6. Mother's Maiden Name Lawton
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas E. Howard
9. Father's Occupation Clerk
10. Father's Birthplace Ind
- Name of Medical Attendant, or other Person who makes this Return. H. W. Quinns
- Address 274 Madison Ave
- Remarks





advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31734

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *June 20th 79*

4. Place of Birth (Street and Number) *58 St Mary St.*

5. Full Name of Mother *Lillie Hall*

6. Mother's Maiden Name *Lillie Davidson*

7. Mother's Birthplace *W.D.*

8. Full Name of Father *George Hall*

9. Father's Occupation *none*

10. Father's Birthplace *W.D.*

Name of Medical Attendant, or other Person who makes this Return.

*J. G. Keller*

Address

*89 Adams St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

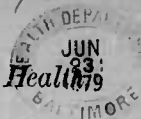


- No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)
1. Sex (*state whether Male or Female*)
2. Race or Color (*if not of the white race*)
3. Date of Birth June 27<sup>th</sup> 1879.
4. Place of Birth (Street and Number) 56 S. Stricker St.
5. Full Name of Mother Florence E. Jewell
6. Mother's Maiden Name Florence E. Millerson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Francis E. L. Jewell
9. Father's Occupation Grocer
10. Father's Birthplace Anne Arundel Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. John L. R. Stricker, M.D.
- Address " " "
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 21st 1879*
4. Place of Birth (Street and Number) *221 E. Lombard*
5. Full Name of Mother *Ann Alexander*
6. Mother's Maiden Name *Ann Lowrey*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Thomas Alexander*
9. Father's Occupation *Salesman*
10. Father's Birthplace *Philadelphia Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *J. A. H. [Signature]*
- Address *[Signature]*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31737

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eight*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *11<sup>th</sup> 15<sup>th</sup> P.M. 21st June, 1879.*
4. Place of Birth (Street and Number) *3 Parkin St. - Baltimore City - Md*
5. Full Name of Mother *Mary Elizabeth Purcell*
6. Mother's Maiden Name *Mary Elizabeth White*
7. Mother's Birthplace *Baltimore City - Maryland*
8. Full Name of Father *George Kemp Purcell*
9. Father's Occupation *Carpenter & Builder*
10. Father's Birthplace *Baltimore City - Maryland.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm J. Probst M.D.*
- Address *236 W. Howard St*
- Remarks *Miscarriage - at little over six months.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 21, 1899

4. Place of Birth (Street and Number)

337 Lexington

5. Full Name of Mother

Henrietta Gutman

6. Mother's Maiden Name

H. Hoffman

7. Mother's Birthplace

city.

8. Full Name of Father

Jacob Gutman

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Abraham M. Milledant

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31739  
JUN  
1909

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 21st 1879*
4. Place of Birth (Street and Number) *Lexington 1842*
5. Full Name of Mother *Laura Ann Barth*
6. Mother's Maiden Name *Laura Ann Sindace*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Christian Edmund Barth*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. D. Dumble*
- Address *4 Anne Dumble 60 Seproter*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

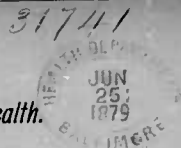
3174-0  
JUN 24  
Baltimore

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9-46*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21*
4. Place of Birth (Street and Number) *Bushy Crk Court 12*
5. Full Name of Mother *Hindley*
6. Mother's Maiden Name *Mc Leisley Koth*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Mc Leisley*
9. Father's Occupation *~~Carriage Driver~~ C. Leisley Driver*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *None*
- Address *Dunbar Co. Shroter*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



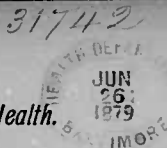
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 21 1879*
4. Place of Birth (Street and Number) *Harfordroth near Callebant*
5. Full Name of Mother *Elisabeth Rinstendorff*
6. Mother's Maiden Name *Elisabeth Lauderbach*
7. Mother's Birthplace *Baltimore Co.*
8. Full Name of Father *Augustus Rinstendorff*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Marie R. Rudiger*
- Address *134 Bondstr.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *June 21<sup>st</sup>*
4. Place of Birth (Street and Number) *135 W. Biddle. st.*
5. Full Name of Mother *Mrs Annie Bauer.*
6. Mother's Maiden Name *" Kaum.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Mr Frederick Bauer.*
9. Father's Occupation *Bakery.*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Clipp.*
- Address *483 W. Lombard*
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31743

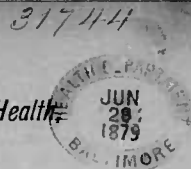
To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth June, 21st, '79.
4. Place of Birth (Street and Number) Bayle Hotel Hillen st
5. Full Name of Mother Mary Street John Y. Street
6. Mother's Maiden Name Bay
7. Mother's Birthplace Hartford Co. Md.
8. Full Name of Father John Y. Street
9. Father's Occupation Proprietor of hotel
10. Father's Birthplace Hartford Co Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. B. Billingsley
- Address Hartford in Md
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *June 27th 79*

4. Place of Birth (Street and Number) *320 W. Lombard St*

5. Full Name of Mother *Elpeneer W. Weber*

6. Mother's Maiden Name *Flora W. Jenkins*

7. Mother's Birthplace *Balto. County Md.*

8. Full Name of Father *Henry W. Weber MD*

9. Father's Occupation *Physician*

10. Father's Birthplace *Daphin Co. Pa.*

Name of Medical Attendant, or other Person who makes this Return. *H. W. Weber MD.*

Address *320 W. Lomb St.*

Remarks *Would state that my wife had a still birth about a year ago and that consequently I have marked the above as second though being actually only the first living child.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup> Child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 21 of June
4. Place of Birth (Street and Number) 145 Madearry St
5. Full Name of Mother Balline Schenbecker
6. Mother's Maiden Name Balline Harne
7. Mother's Birthplace Baltimore
8. Full Name of Father Gottlieb Schenbecker
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley
- Address No 12 Patterson Park Sw
- Remarks

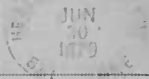
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *21 June 1879*
4. Place of Birth (Street and Number) *116 Washington St*
5. Full Name of Mother *Kate Maria*
6. Mother's Maiden Name *Weiser*
7. Mother's Birthplace *N. Y.*
8. Full Name of Father *Louis Maria*
9. Father's Occupation *Black*
10. Father's Birthplace *N. Y.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Sara Casper*
- Address *52 E. Lombard St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

21747  
N  
30  
1879  
OFF

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 ed*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *21. st. June. 1879*  
 4. Place of Birth (Street and Number) *No. 2. Summerset St.*  
 5. Full Name of Mother *M. Rock*  
 6. Mother's Maiden Name *M. Johnson*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *E. Rock*  
 9. Father's Occupation *Clerkman*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. Bull*  
 Address *No. 185 S.E. Central av. V. Monument St.*  
 Remarks *Well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3174-8

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No Children 3.*
1. Sex (~~state whether~~ *Male or Female*) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 31<sup>st</sup> 1879*
4. Place of Birth (Street and Number) *Gough St. No 316.*
5. Full Name of Mother *Mary Susan Smith*
6. Mother's Maiden Name *Thomas*
7. Mother's Birthplace *Mathis Co Virginia*
8. Full Name of Father *John Samuel Smith*
9. Father's Occupation *Fish Mate (In nautical life)*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Geo W Hayson*
- Address *18 Oquirrh St Balt.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY!



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth June 28
4. Place of Birth (Street and Number) North W. 547 Baltimore
5. Full Name of Mother Elizabeth Schick
6. Mother's Maiden Name W. Schick
7. Mother's Birthplace Germany
8. Full Name of Father William Schick
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. M. Schick
- Address 8 L. Kaufmann
- Remarks



That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31750  
DEPT. OF HEALTH  
JUL 2 1879  
IM 63

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighty  
Male Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 21 1879

4. Place of Birth (Street and Number)

No 44 S. Castle St

5. Full Name of Mother

Julia A. Hausmith

6. Mother's Maiden Name

Julia A. Roberts

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Hausmith

9. Father's Occupation

Brass Finisher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address

206 N. Dorsey St

Remarks

(Not named the child yet)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

June 4th 1879

173 Pierce St.

Martina Hayes Catharine Osborn

Catharine Foster

Baltimore

Lattimore Osborn

Carter

Baltimore

Henrietta Hodgson

14 wagon alley

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

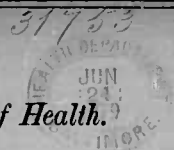


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White race
3. Date of Birth June 21st 1879
4. Place of Birth (Street and Number) French St 274
5. Full Name of Mother Kate Cooper
6. Mother's Maiden Name W. Kerner
7. Mother's Birthplace Baltimore
8. Full Name of Father John Cooper
9. Father's Occupation Barber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. Ross M.D.
- Address 18 Hill St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

June 21st 1889

4. Place of Birth (Street and Number)

342 Hanover st

5. Full Name of Mother

Emilie Gundiner

6. Mother's Maiden Name

Memert

7. Mother's Birthplace

America

8. Full Name of Father

Louis Gundiner

9. Father's Occupation

Store Keeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Dyssostier midwife

Address

330 Hanover st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31754



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *22d June 1879*
4. Place of Birth (Street and Number) *241 E. Schrader St.*
5. Full Name of Mother *Caroline Bella*
6. Mother's Maiden Name *Caroline Haug*
7. Mother's Birthplace *Havana Island of Cuba*
8. Full Name of Father *Stefan Bella*
9. Father's Occupation *Cigar Manufacturer*
10. Father's Birthplace *Havana Island of Cuba*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Daniel S. Schrader*
- Address *Same*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31753

JUN  
24  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 22

4. Place of Birth (Street and Number)

29 Gasoline St

5. Full Name of Mother

Amelia Elliot

6. Mother's Maiden Name

Irish

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Elliot

9. Father's Occupation

Can Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Issuel & Chrismen  
No 7 Forrest Place

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31756

HEALTH DEPT.  
JUN 25 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 22nd 1879
4. Place of Birth (Street and Number) 362 Canton Ave.
5. Full Name of Mother Mary Hoppert
6. Mother's Maiden Name Mary Stender
7. Mother's Birthplace America
8. Full Name of Father George Hoppert
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend
- Address 1111 1/2 St.
- Remarks

**Rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

31757

**To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.**

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *June 22nd 1879*
4. Place of Birth (Street and Number) *No 93. South Dallas st*
5. Full Name of Mother *Mary Cums*
6. Mother's Maiden Name *Robinson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Isaac Cums*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Louisa Seaton*
- Address
- Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31758

JUN 29 1879

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The second child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

Sunday 2:2 Second

4. Place of Birth (Street and Number)

Booth St

5. Full Name of Mother

Matilda Fenn

6. Mother's Maiden Name

7. Mother's Birthplace

West River

8. Full Name of Father

John Crawford

9. Father's Occupation

Labour

10. Father's Birthplace

West River

Name of Medical Attendant, or other Person who makes this Return.

Mary Jane Richardson

Address

No. 212 Dover St

Remarks

fine healthy child mother doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

JUN  
28  
1879

BALTIMORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 22<sup>nd</sup> June 1879
4. Place of Birth (Street and Number) 21 N. Eden St
5. Full Name of Mother Amanda Pilker
6. Mother's Maiden Name Amanda Ashby
7. Mother's Birthplace Clarke County Va
8. Full Name of Father Michel Pilker
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. E Geo Walker M.D.
- Address 27 N Broadway
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

June 22nd

4. Place of Birth (Street and Number)

Biddle St No 180

5. Full Name of Mother

Harriet Cooper

6. Mother's Maiden Name

7. Mother's Birthplace

Eastern Shore of Md

8. Full Name of Father

Heaven Hopper

9. Father's Occupation

Labourer

10. Father's Birthplace

East Shore of Md

Name of Medical Attendant, or other Person who makes this return

Elisabeth Foote

Address

No 15 Horn St

Remarks

Return of a Birth, Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *June 22/79*
4. Place of Birth (Street and Number) *William St*
5. Full Name of Mother *Belle Richards*
6. Mother's Maiden Name *Tolson*
7. Mother's Birthplace *Balti*
8. Full Name of Father *Jos Richards*
9. Father's Occupation *Balti*
10. Father's Birthplace *Laborer*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs C A Lewis*
- Address *162 Harwood St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 22d 1879

4. Place of Birth (Street and Number)

240 Myrtle Ave

5. Full Name of Mother

Gertrude George

6. Mother's Maiden Name

Ford

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Stephen Henry George

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elias C. Price M.D.

Address

262 Madison Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31763



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup> Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 22<sup>nd</sup> 1879
4. Place of Birth (Street and Number) 36 Lamon St
5. Full Name of Mother Laura Bateman Wolf
6. Mother's Maiden Name Newton
7. Mother's Birthplace Washington D.C.
8. Full Name of Father Thomas Franklin Wolf
9. Father's Occupation Labourer
10. Father's Birthplace Carroll County Maryland
- Name of Medical Attendant, or other Person who makes this Return. J. Gibbons M.D.
- Address 47 Edmondson Ave
- Remarks This child very feeble-

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) Jewish
3. Date of Birth June 22nd 1879
4. Place of Birth (Street and Number) Gay St 491
5. Full Name of Mother Rachel Jacob
6. Mother's Maiden Name Poland
7. Mother's Birthplace Poland
8. Full Name of Father Abraham Jacob
9. Father's Occupation Milliner
10. Father's Birthplace Poland
- Name of Medical Attendant, or other Person who makes this Return. Wm R. O. Helling
- Address 48 Baltimore St
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 22<sup>nd</sup> 1879*
4. Place of Birth (Street and Number) *Gay St 51*
5. Full Name of Mother *Rosa J. Pink*
6. Mother's Maiden Name *" Sadtler*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Charles H. Pink*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. B. and P. H. H. H.*
- Address *48 E. Calvert St.*
- Remarks



First Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31766

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

WITH DEPT.  
JUN  
25  
1879  
BALTIMORE

No. of Child of Mother (state whether 1<sup>st</sup>, 2<sup>d</sup>, 3<sup>d</sup>, &c.) *2<sup>d</sup>*  
1. Sex (state whether Male or Female)  
2. Race or Color (~~if not of the~~ white race)  
3. Date of Birth *June 22 1879*  
4. Place of Birth (Street and Number) *157 Monument St*  
5. Full Name of Mother *Sarah A Trainor*  
6. Mother's Maiden Name *" Hoyer*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *James Thomas Trainor*  
9. Father's Occupation *Veneman*  
10. Father's Birthplace *Carroll Co Md*  
Name of Medical Attendant, or other Person who makes this Return. *E. Hall Ruston*  
Address *157. Asylum St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

COPY NAME ADDED 9-27-55  
**RETURN OF A BIRTH.**

31767  
 HEALTH DEPT.  
 JUN 25 1879  
 MORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*Jerome Gill Jacobson.*

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 22 d. 1879*
4. Place of Birth (Street and Number) *No 234. Linden Avenue*
5. Full Name of Mother *Nosalie G. Jacobson*
6. Mother's Maiden Name *Nosalie Gill*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John F. Jacobson*
9. Father's Occupation *Gentleman of Leisure*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W. F. C. Miltord Jr M.D.*
- Address *1416 Park Avenue*
- Remarks

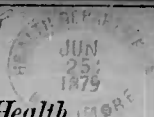
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

31768



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 22 1879*
4. Place of Birth (Street and Number) *no 5 Bannings*
5. Full Name of Mother *cornelia green*
6. Mother's Maiden Name *cornelia clark*
7. Mother's Birthplace *colbert county*
8. Full Name of Father *robert green*
9. Father's Occupation *salor waiter*
10. Father's Birthplace *colbert county*
- Name of Medical Attendant, or other Person who makes this Return. *ms Lydia Porter*
- Address *no 4 apt 3 co avenue*
- Remarks *healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31769  
HEALTH DEPT  
JUN 24 1879  
BALTIMORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
  1. Sex (state whether Male or Female) *Female*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *June 23rd 1879*
  4. Place of Birth (Street and Number) *53 Preston Street*
  5. Full Name of Mother *Mary Lumsden Colburn*
  6. Mother's Maiden Name *Mary L. Lumsden*
  7. Mother's Birthplace *State of N York*
  8. Full Name of Father *James Colburn*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *C. B. Lumsden*
- Address *105 Cathedral*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 23 1879

4. Place of Birth (Street and Number)

Cor. Annapolis & Orleans

5. Full Name of Mother

Elizabeth Miller

6. Mother's Maiden Name

E. H. Long

7. Mother's Birthplace

City

8. Full Name of Father

Henry Miller

9. Father's Occupation

~~City~~ Provision Dealer

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Thomas A. Arnold M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

21771  
JUN 25 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 23 1879*
4. Place of Birth (Street and Number) *# 1 Monmouth Court.*
5. Full Name of Mother *Mrs. Price*
6. Mother's Maiden Name *Mrs. Price*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *Frederick*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Collins*
- Address *# 171 Washington St.*
- Remarks *[Signature]*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31772  
JUN  
26  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 13<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 276 N. Central Ave.*
5. Full Name of Mother *Lizzie Busch*
6. Mother's Maiden Name *Lizzie Luhn*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joseph Busch*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Lena Hillquist*
- Address *182 E. Lombard St*
- Remarks

# RETURN OF A BIRTH.

31773

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *female Child*
2. Race or Color (if not of the white race) *Colored Race*
3. Date of Birth *June the 23. 18. 79*
4. Place of Birth (Street and Number) *no 15 no 2 Furhame St Baltimore md*
5. Full Name of Mother *Anna Lyson*
6. Mother's Maiden Name *Anna Smith*
7. Mother's Birthplace *Baltimore City md*
8. Full Name of Father *Robert Lyson*
9. Father's Occupation *Labor*
10. Father's Birthplace *Baltimore City md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurenda Wolford*
- Address *130 no 2 register St Baltimore md*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31771-

JUN  
28  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

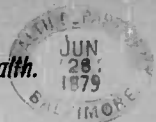
4  
Female  
white  
23 June  
512 Orleans st  
Maggie Tye  
Dolaney  
Ireland  
Thomas Tye  
Stone Keeper  
Ireland  
Anniea Flehrmer  
no 7 Forrest Place

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 23 of June
4. Place of Birth (Street and Number) No 221 Sales St
5. Full Name of Mother Mary Donnell
6. Mother's Maiden Name Mary Wales
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick
9. Father's Occupation labor
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mr. Sauer
- Address 117 Harper con.
- Remarks n

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether male or female) *Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23<sup>d</sup> Jun 79*
4. Place of Birth (Street and Number) *175 Hope St.*
5. Full Name of Mother *Kate Simette*
6. Mother's Maiden Name *Kate Roach*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Wm B. Simette*
9. Father's Occupation *House Maker*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Augustus M. DeGard M.D.*
- Address *2011 Hanover St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31777  
JUN 30 1879  
IMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 23rd, 1879 Lat
4. Place of Birth (Street and Number) 107 E. Poplar Street
5. Full Name of Mother Amelia Beer Aguilar
6. Mother's Maiden Name Amelia B. Brown
7. Mother's Birthplace Spain
8. Full Name of Father Frank Aguilar
9. Father's Occupation carver
10. Father's Birthplace Spain
- Name of Medical Attendant, or other Person who makes this Return. Wm. C. D. Dismille M.D.
- Address 299 E. Baltimore Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31778  
JUN 30 1879  
BAL MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 23rd 1879*
4. Place of Birth (Street and Number) *N. 51 S. Bond St*
5. Full Name of Mother *Mrs. Mary Wiltberger*
6. Mother's Maiden Name *Grasch*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Albert Wiltberger*
9. Father's Occupation *Socksmith*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Goetzke*
- Address *N. 51 S. Bond St*
- Remarks *15. Dec*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31779

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

JUN  
30  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 23<sup>d</sup> 1879
4. Place of Birth (Street and Number) 42 Aspineth St
5. Full Name of Mother Addie Leathers
6. Mother's Maiden Name Addie King
7. Mother's Birthplace Baltimore
8. Full Name of Father Jas. W. Brothers
9. Father's Occupation Commission Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return John Morris, M. D.
- Address no. 5 Franklin St
- Remarks

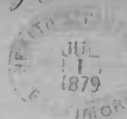
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31780



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *June 23<sup>d</sup> 1879*

4. Place of Birth (Street and Number) *Catonsville M-2.*

5. Full Name of Mother *Anna Scherhard*

6. Mother's Maiden Name *Anna Emhoff*

7. Mother's Birthplace *Baltimore, M.d.*

8. Full Name of Father *Joseph Scherhard*

9. Father's Occupation *Cigar-maker*

10. Father's Birthplace *Baltimore M.d.*

Name of Medical Attendant, or other Person who makes this Return. *Dorothea Brunne*

Address *114 Valley Ave*

Remarks

*Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Male*
3. Date of Birth *June 23-1879*
4. Place of Birth (Street and Number) *No. 185 N. Eden St.*
5. Full Name of Mother *Elizabeth Wallace Porter*
6. Mother's Maiden Name *Elizabeth Wallace Pugh*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *Wallace Porter*
9. Father's Occupation *Butter Dealer*
10. Father's Birthplace *Richmond Va*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Atwell*
- Address *286 N. Trough St*
- Remarks *Samuel Porter - (Name of child)*



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth June 23<sup>d</sup> 1879
4. Place of Birth (Street and Number) 76 N. Lincoln St
5. Full Name of Mother Virginia Catherine Ray
6. Mother's Maiden Name Moore
7. Mother's Birthplace Virginia
8. Full Name of Father John A. Ray
9. Father's Occupation School Teacher
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. W. McCreary, Jr.
- Address 582 N. Fayette St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31783

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

June 23<sup>d</sup> 1879  
104 Greenmount Avenue  
Mary Tauscher  
Mary Gehold  
Baltimore Md  
John Tauscher  
Baller  
Germany  
A. Ridgway Andre MD  
No 121 E of Balto st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

317814  
JUN 25 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Two fine little boys*
2. Race or Color (if not of the white race) *light brown skin*
3. Date of Birth *23 of June*
4. Place of Birth (Street and Number) *24 Gilbert St*
5. Full Name of Mother *Josann ann Winchester*
6. Mother's Maiden Name *Josann ann Winchester*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Luther Gibson*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Cent. County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lidia Somerville*
- Address *13 Clinton avenue*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31785

JUN  
24  
1879

MOORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23 June*
4. Place of Birth (Street and Number) *8 Bath St*
5. Full Name of Mother *Mary O'Day*
6. Mother's Maiden Name *Holmes*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John O'Day*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Washington D.C.*
- Name of Medical Attendant, or other Person who makes this Return. *Isabella O'Brien*
- Address *No 7 Forrest Place*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31786

JUN  
25  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 24<sup>th</sup> June

4. Place of Birth (Street and Number) 23<sup>rd</sup> Lemon St

5. Full Name of Mother Mrs. Mary Milholland

6. Mother's Maiden Name Mary Milholland

7. Mother's Birthplace County Louth Ireland

8. Full Name of Father Jas. Milholland

9. Father's Occupation Crozier Moulder

10. Father's Birthplace County Roscommon Ireland

Name of Medical Attendant, or other Person who makes this Return. Gen. Tenbergen

Address 14 Penn St

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31787

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd  
Male



1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 24th 1879  
Ches. St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Sarah Hooper

6. Mother's Maiden Name

McCormac

7. Mother's Birthplace

Bayport, Or.

8. Full Name of Father

Thos. G. Hooper

9. Father's Occupation

Cow Maker

10. Father's Birthplace

West Island

Name of Medical Attendant, or other Person who makes this Return.

H. H. White, M.D.

Address

311 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31755

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Second  
Female  
White  
June 24 - 1879  
155 Stockton St  
Mary B - Rochester  
Mary E Enders  
Boston, Mass  
Samuel R - Rochester  
Clerk  
Baltimore  
W. L. B. Selman M.D.  
249 Canollan St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Second*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 24 1879*

4. Place of Birth (Street and Number) *245 W. Biddle St.*

5. Full Name of Mother *Ellen Kenney Rags*

6. Mother's Maiden Name *Kenny*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Patrick Rags.*

9. Father's Occupation *Coach Wagon*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *J. Christian M.D.*

Address *431 Lenox Ave.*

Remarks



**Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31790  
HEALTH DEPT  
JUL  
2  
1879  
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *''*  
3. Date of Birth *June 24 1879*  
4. Place of Birth (Street and Number) *No. 69.1 Ann St.*  
5. Full Name of Mother *Sarah Ross*  
6. Mother's Maiden Name *Sarah Bradford*  
7. Mother's Birthplace *Ireland*  
8. Full Name of Father *Matthew Ross*  
9. Father's Occupation *Drayman*  
10. Father's Birthplace *Ireland*  
Name of Medical Attendant, or other Person who makes this Return. *Mary Ann Allwell*  
Address *186 E. Donogh St.*  
Remarks

**Correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks

31791  
JUL 19  
Female  
June 24<sup>th</sup> 1899  
104 Gayley St.  
Lillian Rogers  
" " " " " City  
Andrew Rogers  
Laborer  
" " " " " City  
Mrs Elizabeth Betts  
245 Chestnut Ave

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 24

4. Place of Birth (Street and Number)

Scrutoga St.

5. Full Name of Mother

Jane White

6. Mother's Maiden Name

Jane Ritter

7. Mother's Birthplace

Balt.

8. Full Name of Father

O. W. White

9. Father's Occupation

Carpenter

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

J. M. Wilson

Address

251 Madison Ave

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

Over

317911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Carl Henry Dietz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male Child

2. Race or Color (if not of the white race)

3. Date of Birth

June 24 - 1879

4. Place of Birth (Street and Number)

272 Hanover St.

5. Full Name of Mother

Katherine (Cotton) Dietz

6. Mother's Maiden Name

Lindner

7. Mother's Birthplace

America

8. Full Name of Father

George Dietz

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Hopwasser midwife

Address

330 Hanover St.

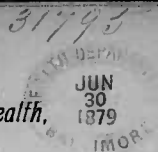
Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical constitution, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 24<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) 130 Franklin St.  
 5. Full Name of Mother Catharine Watty  
 6. Mother's Maiden Name Catharine Pope  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Jacob Watty  
 9. Father's Occupation Druggist  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who make this Return. A. A. White M.D.  
 Address 125 N. Carrollton Avenue  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31796



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 24 June

4. Place of Birth (Street and Number) 367 Osquith St

5. Full Name of Mother Mary E Taylor

6. Mother's Maiden Name Loander

7. Mother's Birthplace Baltimore

8. Full Name of Father Herman L Taylor

9. Father's Occupation Coach Painter

10. Father's Birthplace Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Arsula Schmitt

Address No 7 Farnest Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *121-*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *June 24*

4. Place of Birth (Street and Number) *Count St Front opposite Saw*

5. Full Name of Mother *Eva Moore*

6. Mother's Maiden Name *Eva Moore*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Unknown*

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Wm Howard M.D.*

Address *City Hospital*

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31798



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 14th of June 1879

4. Place of Birth (Street and Number) 14th of June Street

5. Full Name of Mother Barbara Rosenberg

6. Mother's Maiden Name Barbara Rengerweller

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Rengerweller

9. Father's Occupation Seafaring

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Assessors Hospital

Address 11 North Calver Street

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31799



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 24 1879

4. Place of Birth (Street and Number) 1912 W. Hoffman St.

5. Full Name of Mother Mary Julia Wickes

6. Mother's Maiden Name Mary Julia Wilson

7. Mother's Birthplace Eastern Talbot Co. Md.

8. Full Name of Father Geo R. Wickes

9. Father's Occupation Mechanic

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. M. Miller

Address 121 W. Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within 48 days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31800

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female healthy

2. Race or Color (if not of the white race)

white

3. Date of Birth

born on the 24th of June 1879

4. Place of Birth (Street and Number)

215 Fred. Ave.

5. Full Name of Mother

Mrs. Pickett

6. Mother's Maiden Name

Mrs. Lentz

7. Mother's Birthplace

Germany

8. Full Name of Father

Jos. Pickett

9. Father's Occupation

laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs. Miller

Address

1014 West Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31801

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male healthy

2. Race or Color (if not of the white race)

white

3. Date of Birth

born on the 24th of June 1879

4. Place of Birth (Street and Number)

112 Freck. St.

5. Full Name of Mother

Kate Raemer

6. Mother's Maiden Name

Kate Henry

7. Mother's Birthplace

Balto. Md.

8. Full Name of Father

John C. Raemer

9. Father's Occupation

Bar Keeper

10. Father's Birthplace

born in Marlbury Germany

Name of Medical Attendant, or other Person who makes this return

Miss Miller

Address

1014 West Pratt St.

Remarks

Extract Regulations of the Board of Health  
 Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

21802



To the Office of Registrar of Vital Statistics, Board of Health,  
 BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 24th*  
 4. Place of Birth (Street and Number) *3. Woodyear*  
 5. Full Name of Mother *May Rupp*  
 6. Mother's Maiden Name *" Smith*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *John Rupp*  
 9. Father's Occupation *Carpenter*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *G. W. Norris M.D.*  
 Address *Es. St. Charles & Presb. St.*  
 Remarks

Extract Regulations of the Board of Health  
**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

31503  
 HEALTH DEPT.  
 JUN 25 1879  
 BALTIMORE  
 June 24 1879

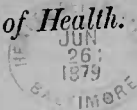
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 24<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *46 South St.*
5. Full Name of Mother *Katie Miller*
6. Mother's Maiden Name *Katie Vogel*
7. Mother's Birthplace *America*
8. Full Name of Father *John Miller*
9. Father's Occupation *laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Amend.*
- Address *11 South Wolfe St.*
- Remarks

**Extract Regulations of the Board of Health to be returned to the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE, CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) Caucasian

3. Date of Birth June 25

4. Place of Birth (Street and Number) Chesnut St

5. Full Name of Mother Julia Anderson

6. Mother's Maiden Name Anderson

7. Mother's Birthplace Ill. (Indiana)

8. Full Name of Father John Anderson

9. Father's Occupation Shoemaker

10. Father's Birthplace Ill. (Indiana)

Name of Medical Attendant, or other Person who makes this Return. Dr. James M. T.

Address Chesnut St

Remarks Healthy

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31805



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Wednesday June 25<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Chesapeake St - near Lancaster St*
5. Full Name of Mother *Louise P. Francis*
6. Mother's Maiden Name *Louise P. Dashiell*
7. Mother's Birthplace *Wyeomies Co Md*
8. Full Name of Father *Albert Francis*
9. Father's Occupation *House Painter*
10. Father's Birthplace *Chesapeake Pa*
- Name of Medical Attendant, or other Person who makes this Return. *Edw. Richard MD*
- Address *28 O'Donnell St*
- Remarks *Head presentation Instrumental delivery - all doing well*



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31806  
JUN 26 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

25 June 1879

4. Place of Birth (Street and Number)

313 E. Washington

5. Full Name of Mother

Kate Schuster

6. Mother's Maiden Name

Kate Tully

7. Mother's Birthplace

Ireland

8. Full Name of Father

Charles J. J.

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Presbyterian Church

Address

313 E. Washington Street, per J. Schuster

Remarks

Healthy

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31807

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Ma'e or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth June 26th 1879
4. Place of Birth (Street and Number) Harford Ave & Biddle St
5. Full Name of Mother Frederica Hilger
6. Mother's Maiden Name Hilger
7. Mother's Birthplace Balt
8. Full Name of Father Thomas P. Hilger
9. Father's Occupation Printer
10. Father's Birthplace Balt
- Name of Medical Attendant, or other Person who makes this Return. W. B. Billingsley
- Address Harford Ave & Biddle St
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



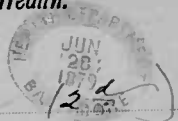
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 25<sup>th</sup> 1879
4. Place of Birth (Street and Number) No. 5 Elderly st near Duncan Alley
5. Full Name of Mother Rebecca Wooling
6. Mother's Maiden Name " Brown
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Wooling
9. Father's Occupation Clark
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. City Dr. Lockman
- Address 41 No. Elderly st East End
- Remarks \_\_\_\_\_

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31509

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 25, 1879*
4. Place of Birth (Street and Number) *No. 293 East Madison St*
5. Full Name of Mother *Mrs. Sophia Hooper*
6. Mother's Maiden Name *Mrs. " Walljen*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Mr. J. S. Hooper*
9. Father's Occupation *Plasterer*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm N. Clendinen M.D.*
- Address *No. 102 N. Broadway*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 25 June
4. Place of Birth (Street and Number) Spring and Hamstead<sup>St</sup>
5. Full Name of Mother Mary McSherry
6. Mother's Maiden Name Eunzy
7. Mother's Birthplace Philadelphia
8. Full Name of Father Michel McSherry
9. Father's Occupation Pedler
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Ursula O. Chrisman
- Address No 7 Forrest Place
- Remarks

Register of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 25 June 1874
4. Place of Birth (Street and Number) 25 Lombard St
5. Full Name of Mother Marie Ford
6. Mother's Maiden Name Burkeo
7. Mother's Birthplace Germany
8. Full Name of Father Fred. Ford
9. Father's Occupation Caybor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Casper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

JUN  
30  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 2d June 1870
4. Place of Birth (Street and Number) 144 Chapman St
5. Full Name of Mother Emilie Workers
6. Mother's Maiden Name Paiko
7. Mother's Birthplace N P
8. Full Name of Father Christian Workers
9. Father's Occupation Butcher
10. Father's Birthplace N P
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 E Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 25<sup>th</sup> 1879

4. Place of Birth (Street and Number)

21 Parkers St.

5. Full Name of Mother

Mary Sommer

6. Mother's Maiden Name

Bender

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Sommer

9. Father's Occupation

clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant,

or other Person who makes this return

John Morris, M.D.

Address

no. 57 Franklin St.

Remarks



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

- 318711*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child* *1879*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 25 - 1879*
4. Place of Birth (Street and Number) *No 220 Cross St.*
5. Full Name of Mother *Anna Baker*
6. Mother's Maiden Name *Pirgues.*
7. Mother's Birthplace *America*
8. Full Name of Father *George Baker*
9. Father's Occupation *Brick Layer*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *J. Lohmeyer midwife*
- Address *330 Hanover St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31813

JUL  
1  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
- Sex (state whether Male or Female) *Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *25<sup>th</sup> of June*
- Place of Birth (Street and Number) *No 72 South Sharp St.*
- Full Name of Mother *Mary Ann Vandreck*
- Mother's Maiden Name *" " Meyer's*
- Mother's Birthplace *Westminster, Carroll County Md.*
- Full Name of Father *Boston Vandreck*
- Father's Occupation *Fireman (Barnums Hotel)*
- Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Schleifer*
- Address *No 33 S. Howard Street Baltimore*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *26 of June 1879*
4. Place of Birth (Street and Number) *150 Chesapeake st*
5. Full Name of Mother *Mary Neal*
6. Mother's Maiden Name *Mary Williams*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Neal*
9. Father's Occupation *Labora*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*
- Address *No 12 Patterson park Ln*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 25<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 49 Elbow Lane*
5. Full Name of Mother *Francis Clark*
6. Mother's Maiden Name
7. Mother's Birthplace *Harford Co. Md.*
8. Full Name of Father *Clarke*
9. Father's Occupation *Laborer*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*
- Address *71 Burgundy Alley*
- Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *"*

3. Date of Birth *June 25 1879*

4. Place of Birth (Street and Number) *No 356 1/2 Washington St*

5. Full Name of Mother *Catherine E. Hollman*

6. Mother's Maiden Name *Catherine E. Hollman*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Michael W. Hancock*

9. Father's Occupation *Cow-maker*

10. Father's Birthplace *New York*

Name of Medical Attendant, or other Person who makes this Return. *Mary Ann O'Halloran*

Address *186 E. Donagh St*

Remarks *(Child not named yet.)*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Born June 25*
4. Place of Birth (Street and Number) *Baltimore 290 Howard St*
5. Full Name of Mother *Loucreasa Jackson*
6. Mother's Maiden Name *" Wilson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Jackson*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Harford County*
- Name of Medical Attendant, or other Person who makes this Return. *Anneline Wilson*
- Address *390 Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31830

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Born June 25*
4. Place of Birth (Street and Number) *Baltimore No 290 Howard st*
5. Full Name of Mother *Lucresa Jackson*
6. Mother's Maiden Name *Wilson*
7. Mother's Birthplace *Kent Island*
8. Full Name of Father *William Jackson*
9. Father's Occupation *Laboring*
10. Father's Birthplace *Barford County*
- Name of Medical Attendant, or other Person who makes this Return *Amelia Wilson*
- Address *No 390 Hamburg st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31821



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *20 June*  
 4. Place of Birth (Street and Number) *225 E. V. Washington St.*  
 5. Full Name of Mother *Anna Planer*  
 6. Mother's Maiden Name *Lukas.*  
 7. Mother's Birthplace *Koczerowce Bohemia*  
 8. Full Name of Father *John Planer*  
 9. Father's Occupation *Schoemaker*  
 10. Father's Birthplace *Ceska Bohemia*  
 Name of Medical Attendant, or other Person who makes this Return. *J. Konrad*  
 Address *20 Barnes St.*  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31822



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 25<sup>th</sup> 1879
4. Place of Birth (Street and Number) 182 N. Arlington Ave
5. Full Name of Mother Clara Belle Robertson
6. Mother's Maiden Name Patt
7. Mother's Birthplace Virginia
8. Full Name of Father William J. Robertson
9. Father's Occupation Jeweler & Watchmaker
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return W. H. Leggett M.D.
- Address 100 N. Fayette & Calhoun Sts.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31823  
JUL 3 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Male*
2. ~~Race or Color (if not of the white race)~~
3. Date of Birth *June 25 '79*
4. Place of Birth (Street and Number) *344 Hamburg St*
5. Full Name of Mother *Dora Schuler*
6. Mother's Maiden Name *Klois*
7. Mother's Birthplace *Sessen - Darmstadt, Germany*
8. Full Name of Father *Louis Schuler*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Sessen - Darmstadt, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Koch*
- Address *1328 South Eulass St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

318914



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Female*
2. ~~Race or Color (if not of the white race)~~
3. Date of Birth *June 25<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *294 Montgomery St.*
5. Full Name of Mother *Ladewick*
6. Mother's Maiden Name *Storck*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Storck*
9. Father's Occupation *Baltimore Postman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary K. K.*
- Address *320 South Calver St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31825  
HEALTH DEPT  
JUL  
3  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 28th 1879*
4. Place of Birth (Street and Number) *391 Lexington St.*
5. Full Name of Mother *Addie L. S. Pope*
6. Mother's Maiden Name *Addie L. S. Powley*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *J. Milton Pope*
9. Father's Occupation *Yohannist*
10. Father's Birthplace *Frederick Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Silas Baldwin*
- Address *157 Townsend St.*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31896



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 26th 1874*
4. Place of Birth (Street and Number) *corner Washington St. & E. St.*
5. Full Name of Mother *Marie Harriette Dierker*
6. Mother's Maiden Name *St. C. Pfleger*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John St. Dierker*
9. Father's Occupation *Wheelwright*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Hammond Field*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

21827

SEP

JUL

8

1879

IMPROV

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

Male

3. Date of Birth

Thursday June 26. 1879.

4. Place of Birth (Street and Number)

112 Charles st

5. Full Name of Mother

Catherine Jacobs

6. Mother's Maiden Name

Catherine Brust

7. Mother's Birthplace

Germany

8. Full Name of Father

George Jacobs

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catherine Horner

Address

No. 106 West st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31598



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
June 26<sup>th</sup> 1879  
No 295 Light St  
Emma Reese  
Emma Neal  
City  
Alexander Reese  
Mechanic  
Ind  
H B Noble Ma  
17 Warren Av

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31829

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *A Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 26<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 50 Guilford St*
5. Full Name of Mother *Lena Braidenting*
6. Mother's Maiden Name *Lena Trausa*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Frank Braidenting*
9. Father's Occupation *Laboar*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Lena Hilligist*
- Address *No. 82 E. Monument St*
- Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth June 26th 1879

4. Place of Birth (Street and Number) No 106 N Exeter M-

5. Full Name of Mother Annie Catharine Beck

6. Mother's Maiden Name " "

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm Beck

9. Father's Occupation Printer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address Broadway & Madison St-

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31839  
SEP.  
JUL  
2  
1879  
IMOS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) C.

3. Date of Birth June 26. 1879

4. Place of Birth (Street and Number) So. Durham St.

5. Full Name of Mother Susan Myers.

6. Mother's Maiden Name Proctor.

7. Mother's Birthplace Fredrick, Md.

8. Full Name of Father George Myers.

9. Father's Occupation Laborer.

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address \_\_\_\_\_

Remarks \_\_\_\_\_

Mrs. Alice Proctor  
chapel St. for baby

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

3/5/33



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight* *th.*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 26<sup>th</sup>*
4. Place of Birth (Street and Number) *262 Mc Cleary St*
5. Full Name of Mother *Rebecca Mc Cleary*
6. Mother's Maiden Name *Rebecca Coleman*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *William Mc Cleary*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *William Mc Cleary*
- Address *262 E. Mc Cleary St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31834

JUL  
2  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

June 28<sup>th</sup> 1877

4. Place of Birth (Street and Number)

283 Canton Ave

5. Full Name of Mother

Elizabeth Spindler

6. Mother's Maiden Name

Elizabeth Spindler

7. Mother's Birthplace

Germany

8. Full Name of Father

George H. Spindler

9. Father's Occupation

Bookbinder

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth B. B.

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31833



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 26/79

4. Place of Birth (Street and Number)

710 W balto st

5. Full Name of Mother

6. Mother's Maiden Name

Florence Ringold

7. Mother's Birthplace

8. Full Name of Father

Not married

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Edw. Holst prositor

Address

10 Charlton st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 26th*
4. Place of Birth (Street and Number) *S. W. C. Sharp & Hamburg St.*
5. Full Name of Mother *Lizzie Onnen*
6. Mother's Maiden Name *Lizzie Rockler*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *J. F. Onnen*
9. Father's Occupation *Ans the carry*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *R. Hoffman M.D.*
- Address *8 Landonfell Road*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEPT.  
JUL  
2  
1879  
M

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

26 June

4. Place of Birth (Street and Number)

W. Darp H. St. 364

5. Full Name of Mother

Mina Leck

6. Mother's Maiden Name

Mina Klipp

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Richard Leck

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Professor W. H. W. W.

Address

8 S. D. St.

Remarks



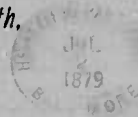
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31838

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 26<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *# 65 N. Wolfe St.*
5. Full Name of Mother *Tillie Hohman*
6. Mother's Maiden Name *" Zang*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Chas Hohman*
9. Father's Occupation *Baker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who make this Return. *A. F. Erick, M.D. per Boncosin*
- Address *# 94 S. Broadway.*
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 26<sup>th</sup> 1879

4. Place of Birth (Street and Number) 235 W. Lombard St

5. Full Name of Mother Ida Stevenson

6. Mother's Maiden Name 224<sup>th</sup> Richardson

7. Mother's Birthplace Baltimore

8. Full Name of Father Dr. H. Stevenson

9. Father's Occupation Physician

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. M. Widdington

Address 1215<sup>th</sup> Broadway

Remarks

31839

JUL  
1  
1879

M.C.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

31840  
5th  
Male  
White  
June 26 - 1879  
27  
Peymar  
Emily G. Pullman  
Maid  
Pullman  
Book Dealer  
Cleveland Ohio  
M. H. H. H. H. H.  
by M. H. H. H. H.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3184-1

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether male or female) *female child*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *June the 26th 79*
4. Place of Birth (Street and Number) *405 S. dunking St Baltimore md*
5. Full Name of Mother *Eme Lane Banton*
6. Mother's Maiden Name *Eme Lane Venner*
7. Mother's Birthplace *Richmond Virginia*
8. Full Name of Father *John A Banton*
9. Father's Occupation *Barber*
10. Father's Birthplace *Tel boat County md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Wallard*
- Address *180 Regester St Baltimore md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*
- Sex (state whether ~~male~~ or female)
  - Race or Color (if not of the white race) *white*
  - Date of Birth *June 26, 1879.*
  - Place of Birth (Street and Number) *Hylliken St. east end N<sup>o</sup> 10.*
  - Full Name of Mother *Elisabeth Zenser*
  - Mother's Maiden Name *Elisabeth Schäfer*
  - Mother's Birthplace *Baltimore City*
  - Full Name of Father *Eros Zenser*
  - Father's Occupation *Laborer*
  - Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *May E. Muller*
- Address *N. Dallas St. N<sup>o</sup> 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June the 26, 1879*

4. Place of Birth (Street and Number) *Blooms St. N<sup>o</sup> 35*

5. Full Name of Mother *Josephine Lannan*

6. Mother's Maiden Name *Josephine Hether*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *Patrick Lannan*

9. Father's Occupation *Laborer*

10. Father's Birthplace *County Ireland. Fr. Gr. Bridd. Europa*

Name of Medical Attendant, or other Person who makes this Return. *May E. Miller*

Address *N. B. St. N<sup>o</sup> 26.*

Remarks

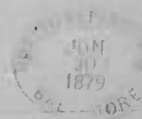
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31844



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 26<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *258 Cross St*

5. Full Name of Mother *Harriet Cooksey*

6. Mother's Maiden Name *" Leimick*

7. Mother's Birthplace *Winchester Va*

8. Full Name of Father *Mansfield Cooksey*

9. Father's Occupation *Grain Dealer*

10. Father's Birthplace *Winchester Va*

Name of Medical Attendant, or other Person who makes this Return. *D. T. Bell M.D.*

Address *161 S. Sharp St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

21545

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

26 of Jan 1879

4. Place of Birth (Street and Number)

Charles St. No. 355

5. Full Name of Mother

Stephanie Bunn

6. Mother's Maiden Name

Stephanie Heiler

7. Mother's Birthplace

Baden, Germania

8. Full Name of Father

Phillip Bunn

9. Father's Occupation

Caricature

10. Father's Birthplace

Bavaria, Germania

Name of Medical Attendant, or other Person who makes this Return.

Sarena Grishaber

Address

No 128 West St. Baltimore Md.

Remarks

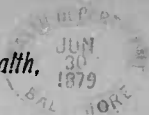


That any physician, apothecary, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31846



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or ~~Female~~) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 26th 1879*
4. Place of Birth (Street and Number) *Lexington 283*
5. Full Name of Mother *Virginia Pike*
6. Mother's Maiden Name *Jacobson*
7. Mother's Birthplace *Richmond Virginia*
8. Full Name of Father *Abraham Pike*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Richmond Virginia*

Name of Medical Attendant, or other Person who makes this Return. *E. A. Baldwin*

Address *124 n. Euter st*

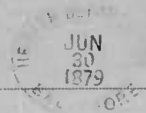
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31847



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 26 June 1879
4. Place of Birth (Street and Number) 224 Harrison St
5. Full Name of Mother Carolina Silberman
6. Mother's Maiden Name Dubner
7. Mother's Birthplace Russia
8. Full Name of Father Moses Silberman
9. Father's Occupation Shumacher
10. Father's Birthplace Russia
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 512 E Lombard St
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31848

JUN  
30  
1879

IMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
  1. Sex (state whether Male or Female) Male
  2. Race or Color (if not of the white race) White
  3. Date of Birth June 26<sup>th</sup> 1879
  4. Place of Birth (Street and Number) 29 E. Pratt
  5. Full Name of Mother Sarah Curry
  6. Mother's Maiden Name Sarah Mowry
  7. Mother's Birthplace Ireland
  8. Full Name of Father Genl. C. Curry
  9. Father's Occupation Carpenter
  10. Father's Birthplace Maryland, Geo. Dist.
- Name of Medical Attendant, or other Person who makes this Return. Wm. C. Swannick M.D.
- Address 299 E. Baltimore street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31849

HEALTH  
JUN  
30  
1879  
IMOR

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 26 1879

4. Place of Birth (Street and Number)

183 Fawn High Street

5. Full Name of Mother

Susan Laly Roddy

6. Mother's Maiden Name

Susan Laly

7. Mother's Birthplace

Ireland

8. Full Name of Father

Bernard Roddy

9. Father's Occupation

Ironer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

C. B. Chambers

Address

108 Cathedral

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

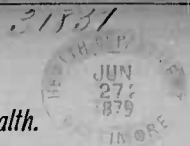
31850  
HEALTH DEPT.  
JUN  
28  
1879  
Baltimore

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 26 June
4. Place of Birth (Street and Number) 11 Madison Court
5. Full Name of Mother Catharine Jefferson
6. Mother's Maiden Name Naylor
7. Mother's Birthplace Virginia
8. Full Name of Father Wm Jefferson
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Assula J. Robinson
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 26<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *Pennsylvania Avenue 114*  
 5. Full Name of Mother *Immanuel*  
 6. Mother's Maiden Name *Albaugh*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Frank E. Immanuel*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Virginia*  
 Name of Medical Attendant, or other Person who makes this Return. *A. Hartman M.D.*  
 Address *305 A Caroline St*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

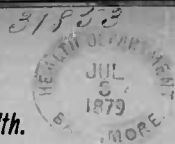


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 24th 1879*
4. Place of Birth (Street and Number) *No 122 E. Biddle St*
5. Full Name of Mother *Hannah Price*
6. Mother's Maiden Name *" Cannoles "*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James B. Price*
9. Father's Occupation *None*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *D. H. White, M.D.*
- Address *241 N. Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*1st*  
*Male*  
*White*  
*Jan 27*  
*St. Charles St.*  
*Joseph J. [unclear]*  
*Charles [unclear]*  
*Baltimore*  
*John J. [unclear]*  
*Builder*  
*Baltimore*  
*Dr. J. [unclear]*  
*206 W. [unclear]*



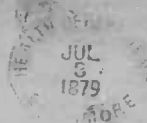
rect Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31854



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 27 1879
4. Place of Birth (Street and Number) 124 Dunedin St
5. Full Name of Mother Anna King
6. Mother's Maiden Name Ann Durkin
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles King
9. Father's Occupation Iron Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Miss E. Day
- Address 193 N. Charles
- Remarks Del. H. H. H.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31855  
HEALTH OFFICE  
JUL  
1879  
MORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Made 4*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 27 1899*
4. Place of Birth (Street and Number) *439 Canton St*
5. Full Name of Mother *Emma Cheryl*
6. Mother's Maiden Name *Emma Lock*
7. Mother's Birthplace *Durham*
8. Full Name of Father *John Cheryl*
9. Father's Occupation *labor*
10. Father's Birthplace *Durham*
- Name of Medical Attendant, or other Person who makes this Return. *Wm E. Tracy*
- Address *193 So Chester St*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31856



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> Child.

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

June 27<sup>th</sup> 1879

4. Place of Birth (Street and Number)

207 S. Sharp St.

5. Full Name of Mother

Christiana Both.

6. Mother's Maiden Name

Franche.

7. Mother's Birthplace

Germany.

8. Full Name of Father

Victor Both.

9. Father's Occupation

Minister.

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this return

R. J. H. Tall.

Address

152 S. Sharp St.

Remarks

person in charge, who shall attend, assist or  
city of Baltimore, shall report to the registrar aforesaid,  
stating distinctly the date of birth sex, and color of the child or children  
whether still born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of each child or children.

OVER TIME ADDED 3-31-56  
**RETURN OF A BIRTH.**

31837

To the Office of Registrar of Vital Statistics, Board of Health, JUL 5 1879

**BALTIMORE CITY.**

*Alice Clementine Caspari*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *30*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*June 27th. 1879*

4. Place of Birth (Street and Number)

*No. 27 Argyle Avenue*

5. Full Name of Mother

*Annie Caspari*

6. Mother's Maiden Name

*Do.*

7. Mother's Birthplace

8. Full Name of Father

*Chas. Caspari Jr.*

9. Father's Occupation

*Druggist*

10. Father's Birthplace

*Balt.*

Name of Medical Attendant, or other Person who makes this Return.

*Chas. W. Jeff*

Address

*206 W. Fayette Street*

Remarks

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 27 June
4. Place of Birth (Street and Number) No 26 Bond St
5. Full Name of Mother Mary Sanzon
6. Mother's Maiden Name Lotz
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Kunzon
9. Father's Occupation Wear
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Josiah Simon
- Address No 70 - Broadway
- Remarks



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31839  
JUL 2 1879  
MORC

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 27. 1879

4. Place of Birth (Street and Number)

O Lombard str 327

5. Full Name of Mother

Mary Meyer

6. Mother's Maiden Name

Brunner

7. Mother's Birthplace

Osterkotten Hannover

8. Full Name of Father

Ursula Meyer

9. Father's Occupation

Seemann

10. Father's Birthplace

Hannover

Name of Medical Attendant, or other Person who makes this Return.

Mrs Joh. Traupach

Address

S. Wall str No 28

Remarks

Unders

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31860  
HEALTH DEPT.  
JUL  
2  
1879  
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first child*
- Sex (state whether Male ~~or Female~~)
- Race or Color (if not of the white race) *White*
- Date of Birth *June 27 1879*
- Place of Birth (Street and Number) *84 S. Carry St*
- Full Name of Mother *Martha A. Donaldson Hemlin*
- Mother's Maiden Name *Donaldson*
- Mother's Birthplace *City*
- Full Name of Father *Henry A. Hemlin*
- Father's Occupation *Carpenter & Stairbuilder*
- Father's Birthplace *City, Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *John C. Enteline M.D.*
- Address *542 W. Lombard St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored.*
3. Date of Birth *27<sup>th</sup> Feb. June 1879.*
4. Place of Birth (Street and Number) *No. 9. W. County Lane.*
5. Full Name of Mother *Clara Roll.*
6. Mother's Maiden Name *Clara. Henson*
7. Mother's Birthplace *Somerset County Ind.*
8. Full Name of Father *Henry Roll.*
9. Father's Occupation *Laborer.*
10. Father's Birthplace *Eastern Shore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *M<sup>rs</sup> Reat Warner*
- Address *No. 98 Holland St.*
- Remarks



**Extract Registrations of the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31862



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Free 24*
3. Date of Birth *June 24*
4. Place of Birth (Street and Number) *Leadenhall St. No. 3*
5. Full Name of Mother *Lizzie Gieschaffer.*
6. Mother's Maiden Name *Lizzie Artman.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Henry Gieschaffer.*
9. Father's Occupation *Dealer.*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Katharina Muef*
- Address *8 Sandusky St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31863

JUL 2 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 27. 1879.*
4. Place of Birth (Street and Number) *207 S. Sharp Str.*
5. Full Name of Mother *Christiane Both*
6. Mother's Maiden Name *Christiane Frincke*
7. Mother's Birthplace *Indianapolis, Indiana.*
8. Full Name of Father *Victor Both.*
9. Father's Occupation *Minister of the gospel (Lutheran).*
10. Father's Birthplace *Haina, Sachsen-Meiningen, Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Hall & Mrs. Minck.*
- Address *8 Landonfeld Pl.*
- Remarks *The mother is a widow, her husband died in Mobile, Ala., last Oct., of yellow fever.*

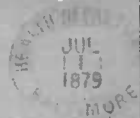
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31864



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 27 1879*

4. Place of Birth (Street and Number) *Hambury St No 90*

5. Full Name of Mother *Bernad C Wagner*

6. Mother's Maiden Name *Annd C Schuller*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Michael D Wagner*

9. Father's Occupation *Waterman*

10. Father's Birthplace *Giths Burg Prt*

Name of Medical Attendant, or other Person who makes this Return. *Mary E Anderson*

Address *No 10 Wigs St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31865  
JUN 11 1879  
Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 27- 1879*  
4. Place of Birth (Street and Number) *358 Mulberry St.*  
5. Full Name of Mother *Mary Elizabeth Ward*  
6. Mother's Maiden Name *Post*  
7. Mother's Birthplace *Pennsylvania*  
8. Full Name of Father *Samuel Melville Ward*  
9. Father's Occupation *Clerk*  
10. Father's Birthplace *Maryland*  
Name of Medical Attendant, or other Person who makes this Return. *Louis W. Knight M.D.*  
Address *112 N. Greene St.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*
1. Sex (state whether male or female) \_\_\_\_\_
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *June, 27, 1879*
  4. Place of Birth (Street and Number) *N. Dallas St. 14231*
  5. Full Name of Mother *Mattie Beschard*
  6. Mother's Maiden Name *Mattie Beschard*
  7. Mother's Birthplace *Marsloch, Prussia, Germany*
  8. Full Name of Father *Heinrich Beschard*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Muller*
- Address. *N. Dallas St. 1426*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31567

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
- Sex (state whether Male or Female) *Male*
- Race or Color (if not of the white race) *White*
- Date of Birth *June 27th 1879*
- Place of Birth (Street and Number) *# 157 Fremont St*
- Full Name of Mother *Virginia Curley*
- Mother's Maiden Name *Neepier*
- Mother's Birthplace *Baltimore City*
- Full Name of Father *John Curley*
- Father's Occupation *Car Painter - B & O R.R.*
- Father's Birthplace *Balt City*
- Name of Medical Attendant, or other Person who makes this Return. *J. A. Rose M.D.*
- Address *161 S. Sharp St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31566  
JUN 30 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 27 June 1879
4. Place of Birth (Street and Number) 117 Alderman St
5. Full Name of Mother Anne Rashford
6. Mother's Maiden Name O'Brien
7. Mother's Birthplace N Y
8. Full Name of Father Thomas Rashford
9. Father's Occupation Police Officer
10. Father's Birthplace N Y
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 E Lombard St
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

JUN  
30  
1879

IMOR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 1

Leroy M. Law

2/9/20 - a. o. g

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 27 3<sup>rd</sup> 1877

4. Place of Birth (Street and Number) 205 Jefferson Ave.

5. Full Name of Mother Clara E. Law

6. Mother's Maiden Name Clara E. Law

7. Mother's Birthplace Baltimore

8. Full Name of Father James P. Law

9. Father's Occupation Book Binder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. C. Venable M.D.

Address 279 E. Baltimore Street

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31870  
JUN  
30  
1879  
IMOR

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White American
3. Date of Birth June 27<sup>th</sup> 1879
4. Place of Birth (Street and Number) 83 Garden St.
5. Full Name of Mother Mary Grace Switzer
6. Mother's Maiden Name Spland
7. Mother's Birthplace Richmond Va
8. Full Name of Father Joseph Switzer
9. Father's Occupation Moulder
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. J. E. Lindsay M.D.
- Address 159 Park Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

31871

JUN  
30  
1879  
IMPR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 21<sup>st</sup> 1879.

4. Place of Birth (Street and Number) 41 Lancaster St.

5. Full Name of Mother Mary Lindoer 2<sup>nd</sup>.

6. Mother's Maiden Name Mary Zimmermann.

7. Mother's Birthplace Germany.

8. Full Name of Father John Lindoer.

9. Father's Occupation Laborer.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Howard.

Address 137 South Wolfe St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

31572  
JUN 30 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth the 27 of Jan 1879
4. Place of Birth (Street and Number) No 200 315 eastern street
5. Full Name of Mother ~~Ischeller~~ Ischeller Wells
6. Mother's Maiden Name J Port
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Weches
9. Father's Occupation U.S. Dr.
10. Father's Birthplace Eastern Shore Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. Thos
- Address William No 10 Therman St
- Remarks With good child during  
Wm

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 27th 1879*
4. Place of Birth (Street and Number) *No 280 Mosher St. Balt.*
5. Full Name of Mother *Edw Elizabeth Schumacher*
6. Mother's Maiden Name *" " Crampton*
7. Mother's Birthplace *Fredricks County Virginia*
8. Full Name of Father *Wm. Augustus Schumacher*
9. Father's Occupation *Collector for U. S. R. R. Road.*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Samuel W. Humble, M.D.*
- Address *263 W. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) twins. Males

2. Race or Color (if not of the white race) White

3. Date of Birth 27 June

4. Place of Birth (Street and Number) 139 Madison St

5. Full Name of Mother Gerah Bunts

6. Mother's Maiden Name Sevalier

7. Mother's Birthplace Baltimore

8. Full Name of Father John Bunts

9. Father's Occupation Couch Finisher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Assulin J. Brissner

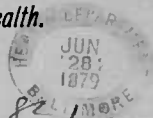
Address No 7 Forrest Place

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

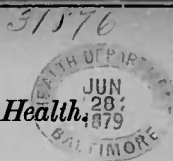


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 27 1879*  
 4. Place of Birth (Street and Number) *No. 18 South Caroline St.*  
 5. Full Name of Mother *Mrs. Annie Herman*  
 6. Mother's Maiden Name *Miss Dutton*  
 7. Mother's Birthplace *Baltimore, Md.*  
 8. Full Name of Father *Mr. Thomas R. Herman*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *Baltimore, Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Clevidence M.D.*  
 Address *No. 102 N. Broadway*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth June 27<sup>th</sup> 1879.

4. Place of Birth (Street and Number) 54 N Charles St.

5. Full Name of Mother Laura Fugle.

6. Mother's Maiden Name " Walsh.

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father James Fugle.

9. Father's Occupation Clock Store,

10. Father's Birthplace England.

Name of Medical Attendant, or other Person who makes this Return. D W Catell M.D.

Address 2 N Broadway

Remarks

That any physician, accouchur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31877

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 28th 1879

4. Place of Birth (Street and Number)

344 York Road

5. Full Name of Mother

Susannah J. Wells

6. Mother's Maiden Name

Francis Lowe

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Georgie Dorsey Wells

9. Father's Occupation

Black.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. B. White, M.D.

Address

No 341 N Broadway

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31878



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) Calard
3. Date of Birth 28 June 1879
4. Place of Birth (Street and Number) No 36 Davis St Baltimore Md
5. Full Name of Mother Victory arrels
6. Mother's Maiden Name Victory Daglan
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father John arrels
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City Md
- Name of Medical Attendant, or other Person who makes this Return John R. Md
- Address No 36 Davis St
- Remarks non

*Correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 28 June 1879
4. Place of Birth (Street and Number) 374 Orleans St.
5. Full Name of Mother Anna Ortmann
6. Mother's Maiden Name Waner
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Ortmann
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Harry Stein
- Address 151 E Pratt St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31880

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
  1. Sex (state whether Male or Female) *Female*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *June 28/79*
  4. Place of Birth (Street and Number) *41 Lemon St*
  5. Full Name of Mother *Margaret A. Clark*
  6. Mother's Maiden Name *Robinson*
  7. Mother's Birthplace *Georgetown - DC.*
  8. Full Name of Father *William H. Clark*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Regester M.D.*
- Address *500 Fayette St. Baltimore*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31881

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

28 June 1899

4. Place of Birth (Street and Number)

352 E. Monument St.

5. Full Name of Mother

Agnes B. Brown

6. Mother's Maiden Name

" Kierney

7. Mother's Birthplace

Richmond Va

8. Full Name of Father

Lawrence Brown

9. Father's Occupation

"Shoe Cutter"

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

J. Shelton Hill M.D.

Address

432 W. Fayette St.

Remarks

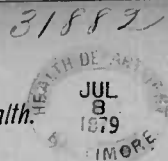
This child was a twin & born first, the other child was also a boy and was "still born" J.S.H.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *28 June*  
 4. Place of Birth (Street and Number) *Belair Ave. 11*  
 5. Full Name of Mother *Wilhelmina Baureis*  
 6. Mother's Maiden Name *Rohr*  
 7. Mother's Birthplace *Balto.*  
 8. Full Name of Father *Friedrich Baureis*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Germania*  
 Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*  
 Address *20 Barnes St*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31883

JUL  
8  
1879

BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>th</sup>*
1. Sex (state whether Male or Female) *Boys*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *28 June*
4. Place of Birth (Street and Number) *9. Mcclodery St*
5. Full Name of Mother *Sali Sispender*
6. Mother's Maiden Name *Boile*
7. Mother's Birthplace *Eastern Schor*
8. Full Name of Father *John Sispender*
9. Father's Occupation *Seborer*
10. Father's Birthplace *Eastern Schor*
- Name of Medical Attendant, or other Person who makes this Return. *J. Konrad*
- Address *20 Barnor St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

318814  
JUL  
1873

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28<sup>th</sup> June
4. Place of Birth (Street and Number) Charles & Lexington. N. E. Corner
5. Full Name of Mother Emma S. Bates
6. Mother's Maiden Name Starr
7. Mother's Birthplace Balto. City
8. Full Name of Father Edward B. Bates
9. Father's Occupation Atty at Law
10. Father's Birthplace Mass
- Name of Medical Attendant, or other Person who makes this Return. H. W. Ovingo
- Address 274 Madison Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 21885

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st & Child  
 1. Sex (state whether Male or Female) Boy  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 25 June  
 4. Place of Birth (Street and Number) 82 Cross St.  
 5. Full Name of Mother Catherine Knapp  
 6. Mother's Maiden Name Catherine Beach  
 7. Mother's Birthplace Germany  
 8. Full Name of Father Nicholas Knapp  
 9. Father's Occupation Driver  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Mary Maguire  
 Address Russell St No 70  
 Remarks



**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

*Address*

**Remarka**

Id., &c.)  
1<sup>st</sup>  
Wade  
White  
28<sup>th</sup> St. Green Bay  
65<sup>th</sup> E. Main St.  
Green Bay  
Hart. Dr. Green  
Bellevue  
Dr. Green  
Green  
Bellevue  
Main White  
125<sup>th</sup> St. Green  
D.C.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White race*
3. Date of Birth *June 28th 1879*
4. Place of Birth (Street and Number) *1744 11th St*
5. Full Name of Mother *Louisa M. Dees*
6. Mother's Maiden Name *K. K. K.*
7. Mother's Birthplace *H. K. K.*
8. Full Name of Father *James H. K. K.*
9. Father's Occupation *Y. K. K.*
10. Father's Birthplace *H. K. K.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. K. K.*
- Address *18 10 10 10 10 10*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

June 28th

4. Place of Birth (Street and Number)

350 West St

5. Full Name of Mother

Elizabeth Jackson

6. Mother's Maiden Name

Elizabeth Ross

7. Mother's Birthplace

Dorchester County

8. Full Name of Father

George Jackson

9. Father's Occupation

waiter

10. Father's Birthplace

Dorchester County

Name of Medical Attendant, or other Person who makes this Return.

Mrs. India Porter

Address

no 4 paper, 300 avenue

Remarks

Healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *June 28th*  
 4. Place of Birth (Street and Number) *132 York St*  
 5. Full Name of Mother *Sarah Lusia Driggs*  
 6. Mother's Maiden Name *Sarah Lusia Driggs*  
 7. Mother's Birthplace *snare hill md*  
 8. Full Name of Father *George Edward Partin*  
 9. Father's Occupation *labourer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Lydia Porter*  
 Address *no 4 partico avenue*  
 Remarks *Healthy Child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



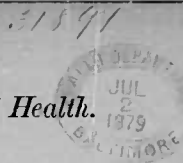
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Girl*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 28 1879*
4. Place of Birth (Street and Number) *51 Burgundy Alley*
5. Full Name of Mother *Louisa Queen*
6. Mother's Maiden Name
7. Mother's Birthplace *Balto City*
8. Full Name of Father *George Washington Queen*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balto City*
- Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*
- Address *71 Burgundy Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

June 28<sup>th</sup> 1879

176 S. Green St.

Sophia Miller

Waller

Richard Miller

Letter Carrier

Mrs. Elizabeth B. B.

245 Green St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

375.99  
JUL 2 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth June 28 - 1879
4. Place of Birth (Street and Number) 124 West St.
5. Full Name of Mother Louise Steyer
6. Mother's Maiden Name Baker
7. Mother's Birthplace America
8. Full Name of Father Delia Steyer
9. Father's Occupation Bricklayer
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. J. Schwaesser midwife
- Address 330 Lancaster St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 28, 1879

4. Place of Birth (Street and Number)

281 William St.

5. Full Name of Mother

Mary Behrens

6. Mother's Maiden Name

Luntze

7. Mother's Birthplace

America

8. Full Name of Father

Frank Behrens

9. Father's Occupation

Barbar

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

J. Holzgasser midwife

Address

330 Hanover St.

Remarks



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1879

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

June 2.8

4. Place of Birth (Street and Number)

No 49 Saint Marys Street

5. Full Name of Mother

Martha Shirrell

6. Mother's Maiden Name

Martha Lacy

7. Mother's Birthplace

Lancaster County Virginia

8. Full Name of Father

Thomas Shirrell

9. Father's Occupation

Laborer

10. Father's Birthplace

Panthersville Md

Name of Medical Attendant, or other Person who makes this Return.

Ellen Stubbs

Address

42

Sharp Street Alley

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31893  
JUL  
1879  
MORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth child*
1. Sex (state whether Male or Female) *Female child*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *28th of June*
4. Place of Birth (Street and Number) *No 145 North Eder St*
5. Full Name of Mother *Louisa Purviance*
6. Mother's Maiden Name *Louisa Robinson*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Joseph James Purviance*
9. Father's Occupation *Dray man*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mid wife Harriet Britton*
- Address *No 145 North Eder St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31896



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth Child*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Caucasian*  
 3. Date of Birth *June 20 8*  
 4. Place of Birth (Street and Number) *No 124 N Eden st*  
 5. Full Name of Mother *Mary Susan*  
 6. Mother's Maiden Name *Mary Myers*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *Philip Myers*  
 9. Father's Occupation *Brickmason*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Harriet Brittan*  
 Address *No 145 N Eden st*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31597

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 28th 1879
4. Place of Birth (Street and Number) Thys street No 42
5. Full Name of Mother Margaret Bayly
6. Mother's Maiden Name Margaret Jones
7. Mother's Birthplace Baltimore
8. Full Name of Father John Bayly
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson
- Address No 10 Thys st
- Remarks

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31895



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 28

4. Place of Birth (Street and Number)

209 Carrollton Ave  
Moulton

5. Full Name of Mother

Duhamel

6. Mother's Maiden Name

7. Mother's Birthplace

Delaware  
Jas. F. Moulton

8. Full Name of Father

9. Father's Occupation

Merchant

10. Father's Birthplace

Balro.

Name of Medical Attendant, or other Person who makes this Return.

J. M. Wilson

Address

257 Madison Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31899

JUN 1 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *brown skin*
3. Date of Birth *june the 28th 1879*
4. Place of Birth (Street and Number) *Kaburg St No 276*
5. Full Name of Mother *Anna Kedum*
6. Mother's Maiden Name *Anna Kedum*
7. Mother's Birthplace *Accomac County Va*
8. Full Name of Father *William Alan*
9. Father's Occupation *Water*
10. Father's Birthplace *Snow hill Worcester County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lidia Somerville*
- Address *Clinton avenue*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51900

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*

1. Sex (state whether ~~male~~ female) \_\_\_\_\_
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *June the 28. 1879*
  4. Place of Birth (Street and Number) *Essex St. No. 65*
  5. Full Name of Mother *Thasarina Rudolph*
  6. Mother's Maiden Name *Thasarina Klentzel*
  7. Mother's Birthplace *Unferreichenbach N. Prussen. Germany*
  8. Full Name of Father *Friedrich Rudolph*
  9. Father's Occupation *Shoemaker*
  10. Father's Birthplace *Harsfeld N. Prussen Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Muller*
- Address *N. Dallas St. No. 26.*

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31901

JUN  
30  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. th Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *28 of June 1879*
4. Place of Birth (Street and Number) *Clement St. No. 137.*
5. Full Name of Mother *Amale O'Rannala*
6. Mother's Maiden Name *Amale Cander*
7. Mother's Birthplace *Washington D. C.*
8. Full Name of Father *Frank O'Rannala*
9. Father's Occupation *Baker*
10. Father's Birthplace *Washington D. C.*
- Name of Medical Attendant, or other Person who makes this Return *Salena Grisham*
- Address *128 West St. Baltimore Md.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

JUN  
30  
1879

IMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 28-79*  
4. Place of Birth (Street and Number) *15 Orleans St*  
5. Full Name of Mother *Mary Henderson*  
6. Mother's Maiden Name *" Bennett*  
7. Mother's Birthplace *New York*  
8. Full Name of Father *James Henderson*  
9. Father's Occupation *Fisherman*  
10. Father's Birthplace *Baltimore, Md.*  
Name of Medical Attendant, or other Person who makes this Return. *D. W. Battelle, M.D.*  
Address *2 N Broadway*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31903

JUN  
30  
1879

IMOR

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 2<sup>d</sup> 20<sup>th</sup> A. M. 28<sup>th</sup> June, 1879.
4. Place of Birth (Street and Number) 113 Pearl St, Baltimore City-Md
5. Full Name of Mother Laura Ann Cooper
6. Mother's Maiden Name Laura Ann Bailey
7. Mother's Birthplace Tacket County, - Maryland.
8. Full Name of Father Charles Caleb Cooper
9. Father's Occupation Owner of Furniture Wagons
10. Father's Birthplace Howard County, - Maryland.
- Name of Medical Attendant, or other Person who makes this Return. Chas. J. Probst M.D.
- Address 236 W. Howard St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 2<sup>nd</sup> 1879
4. Place of Birth (Street and Number) No 484 Pennsylvania St
5. Full Name of Mother M. Burke
6. Mother's Maiden Name M. Palmer
7. Mother's Birthplace Baltimore
8. Full Name of Father Fred. Linker
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. C. Schmitt No 476
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 29 June
4. Place of Birth (Street and Number) 12 Barnes
5. Full Name of Mother Francis Viechel
6. Mother's Maiden Name Konrad
7. Mother's Birthplace Paris
8. Full Name of Father Franc Viechel
9. Father's Occupation Schoenmarker
10. Father's Birthplace Mecklenb
- Name of Medical Attendant, or other Person who makes this Return J. Konrad
- Address 20 Barnes St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31906  
 JUL 7 1879  
 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,  
 BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *fourth*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *June 29*  
 4. Place of Birth (Street and Number) *Orange Grove Be, Co,*  
 5. Full Name of Mother *Henrietta Hall*  
 6. Mother's Maiden Name *do Maryland*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Charles H Hall*  
 9. Father's Occupation *Milk man*  
 10. Father's Birthplace *Be, Co, 12 District*  
 Name of Medical Attendant, or other Person who makes this Return. *M, A, Davenport*  
 Address *194 Gough St Be*  
 Remarks *Mother & child doing city*  
*Well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31907

JUL

79

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 29th*  
4. Place of Birth (Street and Number) *Lois-t Point 128 Hull Street*  
5. Full Name of Mother *Maria Todd*  
6. Mother's Maiden Name *Maria Stephan*  
7. Mother's Birthplace *Germania*  
8. Full Name of Father *John Todd*  
9. Father's Occupation *Labourer*  
10. Father's Birthplace *Germania*  
Name of Medical Attendant, or other Person who makes this Return.  
Address *Margret E. Hel*  
Remarks *No 13 Cuba Street*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31905

To the Office of Registrar of Vital Statistics, Board of Health.  
 BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 29 June
4. Place of Birth (Street and Number) No 48 Greenly St
5. Full Name of Mother Katherine Mueller
6. Mother's Maiden Name Acker
7. Mother's Birthplace Germany
8. Full Name of Father Henry Mueller
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sophie Simon
- Address No 70 Greenly St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within 24 days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5  
male  
White race  
June 29<sup>th</sup> 1879  
S. W. 11 18  
Babbette Schuman  
" Hoffman  
Baltimore Md  
Henry Schuman  
Bookkeeper  
Baltimore Md  
Mrs Rose Schuman  
48 Hollands St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

319410

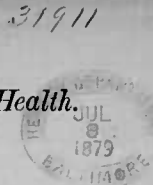


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 29th June 1879
4. Place of Birth (Street and Number) Baltimore Canal st 3045
5. Full Name of Mother Katharine Blasch
6. Mother's Maiden Name Katharine Bradausk
7. Mother's Birthplace Bohemia
8. Full Name of Father Thomas Bradausk
9. Father's Occupation Laborer
10. Father's Birthplace Bohemia
- Name of Medical Attendant, or other Person who makes this Return. Mary S. S. S. S.
- Address 69 Washington st
- Remarks M. S. S. S.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 29th June 1879
4. Place of Birth (Street and Number) Baltimore No 1111 Abbott st
5. Full Name of Mother Annie Lippa
6. Mother's Maiden Name Annie Rubenach
7. Mother's Birthplace Bohemia
8. Full Name of Father James Lippa
9. Father's Occupation Labourer
10. Father's Birthplace Bohemia
- Name of Medical Attendant, or other Person who makes this Return. Mary Haptisch
- Address 89 Washington
- Remarks Mr. Haptisch

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Sixth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *June 29<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *No. 6 N. Poppleton St.*
5. Full Name of Mother *Mary Griffin*
6. Mother's Maiden Name *Mary McNamoy*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Edward Griffin*
9. Father's Occupation *Printer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Hunter*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31915



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth *June 29th 1879.*  
4. Place of Birth (Street and Number) *No 9 High Alley*  
5. Full Name of Mother *Mary Turner*  
6. Mother's Maiden Name *Mary Butler*  
7. Mother's Birthplace *Dublin Ireland*  
8. Full Name of Father *John Turner*  
9. Father's Occupation *Engineer*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Sam'l J. Powell M.D.*  
Address *No 29 Asquith Street*  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



31914

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 29*
4. Place of Birth (Street and Number) *94 N. E. Carey St.*
5. Full Name of Mother *Sophia Thomas*
6. Mother's Maiden Name *Sophia Dupont*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William H. Thomas*
9. Father's Occupation *Stone Cutter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. S. L. G. (unintelligible)*
- Address *280 E. Monument*
- Remarks

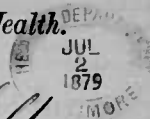


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31916



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> Child  
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 29<sup>th</sup> 1879

4. Place of Birth (Street and Number)

256 Baltimore av.

5. Full Name of Mother

Karlina Büttner

6. Mother's Maiden Name

Grimmer

7. Mother's Birthplace

Germany

8. Full Name of Father

John Adam Büttner

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Longaster midwife

Address

320 Hanover St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 29<sup>th</sup> 1879
4. Place of Birth (Street and Number) Wetmore St. 63 N. Lombard St.
5. Full Name of Mother Elizabeth Ashields
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father Unknown
9. Father's Occupation Unknown
10. Father's Birthplace Unknown
- Name of Medical Attendant, or other Person who makes this Return. Dr. Frankham M.D.
- Address 63 N. Lombard Street
- Remarks Mother and Child are doing well.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31918



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
June 29th 79  
No 16 Stockholder St  
Jennie Bindewald  
Jennie Baplier  
Baltimore City  
Louis Bindewald  
Gambler  
Baltimore City  
J. H. Wampler  
No 203 W. Lombard St

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31919

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> Child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

29 of Jan 1879

4. Place of Birth (Street and Number)

Leigh St. d. 378

5. Full Name of Mother

Elisabetha Lingenmayer

6. Mother's Maiden Name

Elisabetha Zold

7. Mother's Birthplace

Bayern Germania

8. Full Name of Father

Martin J. Lingenmayer

9. Father's Occupation

Baker

10. Father's Birthplace

Bayern Germania

Name of Medical Attendant, or other Person who makes this Return.

John A. Grishaber

Address

4<sup>th</sup> 128 West St. Baltimore Md. D.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31920

JUN  
30  
1879

IMORT

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 37<sup>th</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 29<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) 28 Eugene Street  
 5. Full Name of Mother Maggie Cassidy Gant  
 6. Mother's Maiden Name Maggie Cassidy  
 7. Mother's Birthplace Ireland  
 8. Full Name of Father John Gant  
 9. Father's Occupation Fishman  
 10. Father's Birthplace Texas  
 Name of Medical Attendant, or other Person who make this Return C B Gant M.D.  
 Address 108 Calver Street N.W.  
 Remarks

and any physician, accoucher, midwife, or other person in charge, who shall attend, advise or  
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *May 29th*
4. Place of Birth (Street and Number) *Edward St. Howard 164*
5. Full Name of Mother *Mary Henry*
6. Mother's Maiden Name *Mary Perkins*
7. Mother's Birthplace *Eastern Shore Va.*
8. Full Name of Father *Edward Henry*
9. Father's Occupation *Coachman*
10. Father's Birthplace *Hagerstown*
- Name of Medical Attendant, or other Person who makes this Return. *Lucy Upsher*
- Address *1150 E. E. Entaw.*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth June 30 d 1879

4. Place of Birth (Street and Number) 237 W. Wolfstr.

5. Full Name of Mother Ema Januar

6. Mother's Maiden Name Em. Florin

7. Mother's Birthplace Baltimore

8. Full Name of Father Jim Januar

9. Father's Occupation Gas-fitter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 W. Bondstr.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth June 20

4. Place of Birth (Street and Number) Baltimore Leonard street alley no 102

5. Full Name of Mother Lillian L. Adams

6. Mother's Maiden Name Lillian L. Williams

7. Mother's Birthplace Fredrick County MD

8. Full Name of Father William Adams

9. Father's Occupation A potter

10. Father's Birthplace Scrapland MD

Name of Medical Attendant, or other Person who makes this Return. Larah L. Mother

Address 999 Street Alley no 305

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Brown Complexion*
3. Date of Birth *June 30<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 18 Hamilton*
5. Full Name of Mother
6. Mother's Maiden Name *Fredonia Davis*
7. Mother's Birthplace *Annapolis A. S. Co. Md*
8. Full Name of Father *William West*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Unknown*
- Name of Medical Attendant, or other Person who makes this Return. *Anselia Johnson*
- Address *# 6 Hamilton St*
- Remarks *Illegitimate Birth*

Th... in, accouchur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the city of Baltimore, shall report to the registrar aforesaid, the date of, and the day of, the birth of the child, the sex and color of the child or children born, the name of the mother, whether married or not, the full name, nativity, and residence of the father, and the name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *30 June*
4. Place of Birth (Street and Number) *254 Bond St*
5. Full Name of Mother *Johnna Jones*
6. Mother's Maiden Name *Jensen*
7. Mother's Birthplace *Danbury*
8. Full Name of Father *Geoffrey Stenbach*
9. Father's Occupation  *Sailor*
10. Father's Birthplace *Danbury*
- Name of Medical Attendant, or other Person who makes this Return. *Sophie Simons*
- Address *1070 Danbury Street*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> child*
1. Sex (state whether male or female) *Boys*
2. Race or Color (if not of the white race) *Weiss*
3. Date of Birth *geboren den 30 June*
4. Place of Birth (Street and Number) *N<sup>o</sup> 148 S. Dallas St*
5. Full Name of Mother *Louise Spalger*
6. Mother's Maiden Name *Louise Luft*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Edward Spalger*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address *N<sup>o</sup> 197 S. Dallas St*
- Remarks *Hemmn*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 30, 1874*

4. Place of Birth (Street and Number) *Shelton Street 37*

5. Full Name of Mother *Ann Hester*

6. Mother's Maiden Name *Jarvis*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *John Hester*

9. Father's Occupation *Boat driver*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Wm. L. Allen*

Address *48 Hollands St*

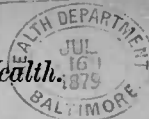
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex (state whether male or female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*June 30<sup>th</sup> 1879*

4. Place of Birth (Street and Number)

*No 243. Montgomery st*

5. Full Name of Mother

*Annie Meyer*

6. Mother's Maiden Name

*Annie Müller*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*Georg Meyer*

9. Father's Occupation

*Blacksmith*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Hena Kitzing*

Address *No 182 E Monument st*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third child

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

W

3. Date of Birth

June 30 1879

4. Place of Birth (Street and Number)

286 N. Stricker

5. Full Name of Mother

Emma King

6. Mother's Maiden Name

Emma King

7. Mother's Birthplace

Balto

8. Full Name of Father

Wm N. King

9. Father's Occupation

Clerk

10. Father's Birthplace

Lancaster, Pa

Name of Medical Attendant, or other Person who makes this Return.

J H. Galtman M.D.

Address

23 Franklin

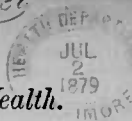
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 30<sup>th</sup> 1879

4. Place of Birth (Street and Number) 344 E. Fayette St. Baltor, Md.

5. Full Name of Mother Laura Virginia Wright

6. Mother's Maiden Name Laura V. Baillie

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father George W. Wright

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Catherine Lavahan

Address 242 N. Central Avenue. Balt., Md.

Remarks The mother of the child is doing well.

For Record of Births to be kept by Registrar

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31931



To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) 11
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth June 30. 1879
4. Place of Birth (Street and Number) 10 Lombard Str No 25
5. Full Name of Mother Catharina Bantel
6. Mother's Maiden Name Black
7. Mother's Birthplace Baltimore
8. Full Name of Father Louis Bantel
9. Father's Occupation Workman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Wm. Catharina Brangrich
- Address 21 Welf Str No 28
- Remarks Underage

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 30 1877
4. Place of Birth (Street and Number) 202 Eastern Ave
5. Full Name of Mother Anna M. M. M.
6. Mother's Maiden Name Thompson
7. Mother's Birthplace W. Va.
8. Full Name of Father Henry M. M.
9. Father's Occupation Farmer
10. Father's Birthplace W. Va.
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth B. B.
- Address 243 Canton Mass
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31933

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL

2

1879

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

June 30th 1879

4. Place of Birth (Street and Number)

148 S. Calhoun St.

5. Full Name of Mother

Christa Faust

6. Mother's Maiden Name

Koeniggraver

7. Mother's Birthplace

Germany

8. Full Name of Father

Carus Faust

9. Father's Occupation

Latrover

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Polz

Address

245 Canton Ave.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

319311  
HEALTH DEPT.  
JUN 26  
1879  
IMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

30th June

4. Place of Birth (Street and Number)

No 28 O. Mount St

5. Full Name of Mother

Mary Wieland

6. Mother's Maiden Name

" Abendschöne

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Wieland

9. Father's Occupation

Broom maker

10. Father's Birthplace

Baden Europ

Name of Medical Attendant, or other Person who makes this Return

Dr. Lindner

Address

No 45 Alton St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31935

DEI

JUL

8

1879

IMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

sd 2

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Monday June 30th

4. Place of Birth (Street and Number)

No 36 McCarrington st

5. Full Name of Mother

Eusey Hartman

6. Mother's Maiden Name

Eusey Lehnhart

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Hartman

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catherine Thorne

Address

No 106 West st

Remarks

# RETURN OF A BIRTH.

31436

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

RECEIVED  
JUL  
1  
1879  
MO

Child of Mother (state whether 1st, 2d, 3d, &c.) 2d  
 (state whether Male or Female) female  
 or Color (if not of the white race) white  
 of Birth June 30  
 of Birth (Street and Number) Baltimore Duncannon st 38  
 Full Name of Mother Agnes Clara  
 Mother's Maiden Name Agnes Clara  
 Mother's Birthplace Baltimore  
 Full Name of Father Joseph Alan  
 Father's Occupation laborer  
 Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Elizabeth H. H. H.  
 Address 1212 1/2 1st st  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, the place of birth, whether still born or not, the full name, nationality, and of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *June 30<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Batter Dr. No 162*
5. Full Name of Mother *Sarah Mearns*
6. Mother's Maiden Name *Sarah Mearns*
7. Mother's Birthplace *Richmond Va*
8. Full Name of Father *Emory Mearns*
9. Father's Occupation *Coleman*
10. Father's Birthplace *Richmond Va*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. D. W. Dune*
- Address *114 Batter Dr*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether Male or Female)

Race or Color (if not of the white race)

Date of Birth

Place of Birth (Street and Number)

Full Name of Mother

Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Fourth & A.M.  
Female  
White

July 1st 1879  
230 E. Madison

Mary J. Callan  
" " Pool

Baltimore Md  
James Callan

Childer  
Ireland

Dr. H. Winter  
178 Hanford Ave



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31940

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *1 July 1879*

4. Place of Birth (Street and Number) *Burgundy St. 1230*

5. Full Name of Mother

6. Mother's Maiden Name *Louis Louise Lang*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *John Lang*

9. Father's Occupation *Hotelier*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

*Dr. J. J. M. M. M.*

Address

*8 S. E. 1st St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth June 1, 1879
4. Place of Birth (Street and Number) W. Walpstr No 34
5. Full Name of Mother Spring Stecker
6. Mother's Maiden Name Lauter
7. Mother's Birthplace Eckebrecht Bismarck
8. Full Name of Father Georg Stecker
9. Father's Occupation of color
10. Father's Birthplace Markheimfeld Bismarck
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Brampsch
- Address W. Walpstr No 28
- Remarks and wife



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

July 1. 1879  
J. Schoppert No. 71  
Susanus Backof  
Monroe  
Baltimore  
Hermann Backof  
Shipowner  
Buckenfelsen Boerem  
Wm. J. Pringrich  
South Wolf St. No. 28  
Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31943

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 22d of August 1879

4. Place of Birth (Street and Number) 35 North Weymouth

5. Full Name of Mother Louise Clough

6. Mother's Maiden Name Louise Stinker

7. Mother's Birthplace Baltimore

8. Full Name of Father Louis Stinker

9. Father's Occupation Laborman & Farmer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wesley B. Smith

Address 35 North Weymouth

Remarks Healthy

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31944

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 1<sup>st</sup>*
4. Place of Birth (Street and Number) *139 Madison St.*
5. Full Name of Mother *Mary Bonavita Laroque*
6. Mother's Maiden Name *Mary Bonavita*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Achille Laroque*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *T. C. Chatain Jr*
- Address *114 Park Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31945

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*  
 1. Sex (state whether Male or Female) *Girl*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 1st 1879*  
 4. Place of Birth (Street and Number) *Pine & Bayette*  
 5. Full Name of Mother *Mary E. Reynolds*  
 6. Mother's Maiden Name *Mary E. Hogan*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *P. Reynolds*  
 9. Father's Occupation *Baker & Confectioner*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *F. E. Chataud Jr*  
 Address *114 Park Ave*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31911-6

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 3

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 1, 1879

4. Place of Birth (Street and Number)

37 Richmond St

5. Full Name of Mother

Georgiana Conolly

6. Mother's Maiden Name

Georgiana Cline

7. Mother's Birthplace

Maryland

8. Full Name of Father

James Thomas Conolly

9. Father's Occupation

Plasterer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

D. H. Honck

Address

75 E. Balt. St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 2d.  
62 Hillman St

4. Place of Birth (Street and Number)

5. Full Name of Mother

Elizabeth Campbell

6. Mother's Maiden Name

Fisher

7. Mother's Birthplace

Ireland

8. Full Name of Father

William Campbell

9. Father's Occupation

Laborer.

10. Father's Birthplace

Ohio

Name of Medical Attendant, or other Person who makes this Return.

Edward P. McDevitt

Address

137 N. Egle St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1st July 1879*
4. Place of Birth (Street and Number) *558 7th Baltimore St*
5. Full Name of Mother *Eva Krummel*
6. Mother's Maiden Name *Do*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henry Krummel*
9. Father's Occupation *Waggoner.*
10. Father's Birthplace *Horville Pransen*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Frainig*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31949



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth July 1, 1879  
 4. Place of Birth (Street and Number) Bowdy Ave 2<sup>d</sup> door Dr. Decker  
 5. Full Name of Mother Annie Duncan  
 6. Mother's Maiden Name Hooper  
 7. Mother's Birthplace Balt. County  
 8. Full Name of Father Addison Duncan  
 9. Father's Occupation Merchant in N. York  
 10. Father's Birthplace don't know - that is I don't.  
 Name of Medical Attendant, or other Person who makes this Return. J. R. Page M.D.  
 Address 220 Linden Ave  
 Remarks Natural L.O.B. Labor.  
1st stage 2 hr - 2<sup>d</sup> 40 min.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar of said city, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31950

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *African*
3. Date of Birth *July 4/79.*
4. Place of Birth (Street and Number) *629 Pennsylvania St.*
5. Full Name of Mother *Francis Johnson*
6. Mother's Maiden Name *Johnson*
7. Mother's Birthplace *Frederick Md.*
8. Full Name of Father *Wm. H. Howard*
9. Father's Occupation *Barber*
10. Father's Birthplace *Balt.*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. Thompson, M.D.*
- Address *41 Orchard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 1st 3 o'clock

4. Place of Birth (Street and Number)

496 W. Fremont St.

5. Full Name of Mother

Mrs. Eugene Sullivan

6. Mother's Maiden Name

Sarah Horley

7. Mother's Birthplace

Pittsburgh,

8. Full Name of Father

Eugene Sullivan,

9. Father's Occupation

Horley

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

William Rickert

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31952

JUL  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 5

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

1st of July

4. Place of Birth (Street and Number)

No 250 E. Carey St

5. Full Name of Mother

Clara Henning

6. Mother's Maiden Name

Clara Engelmeier

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Genl. W. Engelmeier

9. Father's Occupation

Later

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Oliver Lauer

Remarks

171 Harper's way

31819

Return of a Birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31955

JUL  
7  
1879

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 1st 1879

4. Place of Birth (Street and Number)

4th Hillers brick yard City Limits

5. Full Name of Mother

Elizabeth Thompson

6. Mother's Maiden Name

Elizabeth Woodé

7. Mother's Birthplace

Maryland

8. Full Name of Father

Wm. Thompson

9. Father's Occupation

Brick Moulder

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other person who makes this Return.

Wm. J. Leman

Address

No. 435 W. McHenry St

Remarks

Very delicate Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31954

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

JUL 7 1879  
BALTIMORE

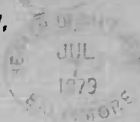
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 1 = 1879*
4. Place of Birth (Street and Number) *48 Hollington Av*
5. Full Name of Mother *Josephine Hyson*
6. Mother's Maiden Name *Josephine Dingle*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joseph Hyson*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mr E Gray*
- Address *193 St. Charles St*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31955

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth July 1 - 1878  
 4. Place of Birth (Street and Number) 51 Pallis St  
 5. Full Name of Mother Est Labor  
 6. Mother's Maiden Name Est Felter  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Sam Labor  
 9. Father's Occupation Cyber  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Wm E. Fox  
 Address 193 So Chester St  
 Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

31956



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 1

4. Place of Birth (Street and Number)

1117 Battery ave

5. Full Name of Mother

Annie Gentz

6. Mother's Maiden Name

" Goster

7. Mother's Birthplace

Balto

8. Full Name of Father

August Gentz

9. Father's Occupation

Baker

10. Father's Birthplace

A A County

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 1 July
4. Place of Birth (Street and Number) 2144 Stiles St
5. Full Name of Mother Lizzie German
6. Mother's Maiden Name German
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Kehoe
9. Father's Occupation None
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lizzie German
- Address 110 70 Granby Street
- Remarks



That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31958

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *male Child*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *July the 1-18-79*
4. Place of Birth (Street and Number) *211 Ashleigh St Baltimore*
5. Full Name of Mother
6. Mother's Maiden Name *Elen E. Williams*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woolford*
- Address *30 Regess Dr St Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parenta, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

31959

JUL 8 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

July 1st 1879

4. Place of Birth (Street and Number)

17 Warner St.

5. Full Name of Mother

Mary Riddle

6. Mother's Maiden Name

" Heintzling

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James Riddle

9. Father's Occupation

Confectioneer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Riddle  
328 South Enoch St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31960

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup> child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 12<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *445 Cumberland St*
5. Full Name of Mother *May Paulus*
6. Mother's Maiden Name *" Stanton*
7. Mother's Birthplace *Baltimore M.D.*
8. Full Name of Father *John Paulus*
9. Father's Occupation *Car driver*
10. Father's Birthplace *Baltimore D.*
- Name of Medical Attendant, or other Person who makes this Return. *Geo W. Honis M.D.*
- Address *Con-stable St. P. Station*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



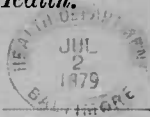
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth July 1, 1879
4. Place of Birth (Street and Number) W. Wolfstr No 54
5. Full Name of Mother Anna Stecker
6. Mother's Maiden Name Lantz
7. Mother's Birthplace Embsenck Bremen
8. Full Name of Father Georg Stecker
9. Father's Occupation Tailor
10. Father's Birthplace Wienchenfeldt Bremen
- Name of Medical Attendant, or other Person who makes this Return Wm. Johnson, Physician
- Address W. Wolfstr No 28
- Remarks Wm. Johnson

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

319621



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 1<sup>st</sup> 1879

4. Place of Birth (Street and Number)

711 Preston St

5. Full Name of Mother

Elizabeth Herbert

6. Mother's Maiden Name

Elizabeth Herbert

7. Mother's Birthplace

Va.

8. Full Name of Father

James R. Herbert

9. Father's Occupation

Merchant

10. Father's Birthplace

Mass.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Williams

Address

121 N. Howard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31963

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race & Color (if not of the white race) White
3. Date of Birth July 2 1879
4. Place of Birth (Street and Number) 215 McDonough St
5. Full Name of Mother Ella A. Price
6. Mother's Maiden Name Eldridge
7. Mother's Birthplace Baltimore
8. Full Name of Father John H. Price
9. Father's Occupation Grocer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. White, M.D.
- Address 241 N. Broadway
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2nd)

1. Sex (state whether Male or Female)

Males

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 2nd

4. Place of Birth (Street and Number)

204 Chase St

5. Full Name of Mother

Kate Kelly

6. Mother's Maiden Name

Kate Scott

7. Mother's Birthplace

Ireland

8. Full Name of Father

Michael Kelly

9. Father's Occupation

Brass Moulder

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

D. M. Winter

Address

178 Harford Ave

Remarks

Twins both males one still birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *"*
3. Date of Birth *2nd of July*
4. Place of Birth (Street and Number) *Decker St 121*
5. Full Name of Mother *Mary Boyle*
6. Mother's Maiden Name *" McDonald*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Michael Boyle*
9. Father's Occupation *laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Charles C. Crosby*
- Address *369 Cathedral St.*
- Remarks



See Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31966



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *July 2<sup>d</sup> 1879*
4. Place of Birth (Street and Number) *1228 Eastern Ave*
5. Full Name of Mother *Melina B. Fisher*
6. Mother's Maiden Name *Knel Cook*
7. Mother's Birthplace *City*
8. Full Name of Father *Henry Kistler*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Belz*
- Address *245 Canton Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31967



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 2<sup>d</sup> 1877*
4. Place of Birth (Street and Number) *37 Bunker St.*
5. Full Name of Mother *Elizabeth B. Taylor*
6. Mother's Maiden Name *Taylor*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John B. Taylor*
9. Father's Occupation *Iron Moulder*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth B. Taylor*
- Address *245 Carlton Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3. d.*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 2d. 1879.*  
4. Place of Birth (Street and Number) *Battery St. N. 260.*  
5. Full Name of Mother *Josephine Penny.*  
6. Mother's Maiden Name *Josephina Monnelly.*  
7. Mother's Birthplace *Baltimore. M. d.*  
8. Full Name of Father *John Penny.*  
9. Father's Occupation *Wagoner.*  
10. Father's Birthplace *Baltimore. M. d.*  
Name of Medical Attendant, or other Person who makes this Return. *George B. Bunn.*  
Address. *No 114 Battery St.*  
Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



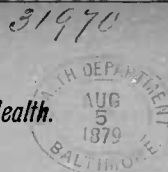
- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July Second
4. Place of Birth (Street and Number) Baltimore. Schroeder Street 108
5. Full Name of Mother Margaret Elizabeth Leshons
6. Mother's Maiden Name Margaret Elizabeth Dumax
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father William Richardson Sashorn
9. Father's Occupation Carpenter
10. Father's Birthplace Charleston West Va
- Name of Medical Attendant, or other Person who makes this Return. Susan Hunter
- Address
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) "
3. Date of Birth 2<sup>nd</sup> July 1879
4. Place of Birth (Street and Number) 71 S. E. Eder St
5. Full Name of Mother Wilhelmina Eldridge
6. Mother's Maiden Name " Brown
7. Mother's Birthplace Md.
8. Full Name of Father John Eldridge
9. Father's Occupation Steamboat-Captain
10. Father's Birthplace Md.
- Name of Medical Attendant, or other Person who makes this Return. H. W. Welsh M.D.
- Address 51 Bimble St
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31971

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 2 8th 87 9*  
 4. Place of Birth (Street and Number) *89 Harrison St*  
 5. Full Name of Mother *Nettie MacKerrey*  
 6. Mother's Maiden Name *Hall*  
 7. Mother's Birthplace *Baltimore Md.*  
 8. Full Name of Father *John MacKerrey*  
 9. Father's Occupation *laborer*  
 10. Father's Birthplace *Baltimore Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *E. J. Williams M.D.*  
 Address *17 Patuxent St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31972

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex: (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 2nd 1879

4. Place of Birth (Street and Number) Fayet St # 9

5. Full Name of Mother A. M. Cotto

6. Mother's Maiden Name Platt

7. Mother's Birthplace Balto Md

8. Full Name of Father Peter Cotto

9. Father's Occupation Jeweler

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return Mrs A. H. H. H.

Address 48 H. H. H. H.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31973



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth July 2<sup>nd</sup>  
 4. Place of Birth (Street and Number) 1397 E. Chase St Balto  
 5. Full Name of Mother Ida F. Wright  
 6. Mother's Maiden Name Ida F. Bedmorth  
 7. Mother's Birthplace Wicomico Co Md  
 8. Full Name of Father B. F. Wright  
 9. Father's Occupation Carpenter  
 10. Father's Birthplace Howard Co Md  
 Name of Medical Attendant, or other Person who makes this Return. Mary C Price  
 Address 210 N Broadway Balto Md  
 Remarks



That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH!

31974

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL  
8  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Female
  2. Race or Color (if not of the white race) Female
  3. Date of Birth 22d July 1879
  4. Place of Birth (Street and Number) Baltimore, Davist. No 28
  5. Full Name of Mother Amelia Hirt
  6. Mother's Maiden Name A. Dworak
  7. Mother's Birthplace Bohemia
  8. Full Name of Father John Hirt
  9. Father's Occupation Laborer
  10. Father's Birthplace Bohemia
- Name of Medical Attendant, or other Person who makes this Return. Mary Konfatsch
- Address 67 Washington st.
- Remarks Mary

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31975

JUL  
8  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup> Child
1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
  2. Race or Color (if not of the white race) White
  3. Date of Birth July the 2. 1879.
  4. Place of Birth (Street and Number) N. Eden St No 29.
  5. Full Name of Mother Elise Kofferbert
  6. Mother's Maiden Name Elise Zeller
  7. Mother's Birthplace Offenbach, Gr. Hesseu, Germany
  8. Full Name of Father Adeln Kofferbert
  9. Father's Occupation Spec. maker
  10. Father's Birthplace Bischopshelm Gr. Hesseu, Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller
- Address N. Dallas St No 26.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31976

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 2<sup>d</sup> July 1879
4. Place of Birth (Street and Number) 611 1/2 Fulton St
5. Full Name of Mother Ella A. Burnett
6. Mother's Maiden Name Ella A. Hatzell
7. Mother's Birthplace New Jersey
8. Full Name of Father Elijah Burnett
9. Father's Occupation Teacher - Business College
10. Father's Birthplace New Jersey
- Name of Medical Attendant, or other Person who makes this Return. W. O. Simpson
- Address 274 Madison Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

31977

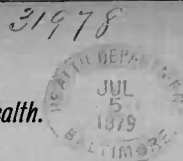


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth 2nd July
4. Place of Birth (Street and Number) No 183 East Street
5. Full Name of Mother Lizzie Knirion
6. Mother's Maiden Name Lizzie Diller
7. Mother's Birthplace Baltimore
8. Full Name of Father Conrad Knirion
9. Father's Occupation Laborer
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Wiley
- Address No 12 Patterson park Dr
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth July 2
4. Place of Birth (Street and Number) 4 Edmond st
5. Full Name of Mother Lily Elles
6. Mother's Maiden Name Lily Baby
7. Mother's Birthplace Baltimore
8. Full Name of Father ~~Baltimore~~ Robert Elles
9. Father's Occupation waiter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Leas Johnson
- Address no 32 Hart st
- Remarks healthy child

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31979

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 2 1879*
4. Place of Birth (Street and Number) *40 McMillan St*
5. Full Name of Mother *Mary French*
6. Mother's Maiden Name *Mary Caprice*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *William J French*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Manda Apparine*
- Address *378 East Monument St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31980

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 2<sup>nd</sup> 1879*
4. Place of Birth (Street and Number) *535 Light St.*
5. Full Name of Mother *Margaret Phoruey*
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father *John Phoruey*
9. Father's Occupation *Teacher*
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. *D. O. Harrington M.D.*
- Address *321 Light St.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31981

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *W 67 N. Charles St. Balt. July 2nd 1879*
4. Place of Birth (Street and Number) *W 67 N. Charles St.*
5. Full Name of Mother *Elyza Catherine Welsh*
6. Mother's Maiden Name *" " Holden*
7. Mother's Birthplace *Wilmington N.C.*
8. Full Name of Father *Charles Edwin Welsh*
9. Father's Occupation *Organ Manufacturer*
10. Father's Birthplace *Baltimore Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *Pembroke Mr. Noble M.D.*
- Address *No 203 N. Lombard St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31982

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
- Sex (state whether male or female) female
- Race or Color (if not of the white race) Colored
- Date of Birth the 7 July 1879
- Place of Birth (Street and Number) No 77 Thomas St
- Full Name of Mother Life Beth Jones
- Mother's Maiden Name Life Beth Jones
- Mother's Birthplace Norfolk County
- Full Name of Father John Jones
- Father's Occupation Laborer
- Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. T. W. Williams
- Address 70 West 7th
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31483

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) to suit

3. Date of Birth 3 July 1879

4. Place of Birth (Street and Number) 20 East 1st

5. Full Name of Mother Annaram

6. Mother's Maiden Name Annaram

7. Mother's Birthplace Cambridge

8. Full Name of Father John Henry

9. Father's Occupation Yacht

10. Father's Birthplace Phila

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. W. W.

Address 20 East 1st

Remarks Wm. W. W.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

319811

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *July 3rd 1879*
4. Place of Birth (Street and Number) *33 Euron St.*
5. Full Name of Mother *Elizabeth L. Wickie*
6. Mother's Maiden Name *Ely, "Schmidt"*
7. Mother's Birthplace *Baltimore, Md*
8. Full Name of Father *Fredrick Wickie*
9. Father's Occupation *Barber*
10. Father's Birthplace *Heus castle Germany*
- Name of Medical Attendant, or other Person who makes this Return. *William Brinson M.D.*
- Address *269 N. Caroline's St.*
- Remarks *"Vertex Presentation"*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth July 3, 1879
4. Place of Birth (Street and Number) 126 N. Caroline St.
5. Full Name of Mother Bertha F. Lipp
6. Mother's Maiden Name Pimperbrincker
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John George Lauster
9. Father's Occupation Baker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Stein
- Address 151 E. Pratt.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31986

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

of the  
Fence

*Female*

July 3<sup>rd</sup> 1879  
248 Woodward St  
Margarette Fitz Pennyp  
" Fitzgerald

July 3<sup>rd</sup> 1879

248 Morrow St

Margarett F. Crump

" Fitzgerald

England

Thomas W. Pump

Grades

Explain

Amie Groszke Midwife

38 Penna Avenue



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31987

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *W*  
3. Date of Birth *July 3<sup>rd</sup> 1879*  
4. Place of Birth (Street and Number) *West Street No 42*  
5. Full Name of Mother *Frederika Brichler*  
6. Mother's Maiden Name *Frederika Mull*  
7. Mother's Birthplace *Germany*  
8. Full Name of Father *Henry Brichler*  
9. Father's Occupation *labor*  
10. Father's Birthplace *Germany*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. Dew Free Brune*  
Address *No 114 Battery St*  
Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31988

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *July 3<sup>d</sup>*
4. Place of Birth (Street and Number) *Park & Bluff*
5. Full Name of Mother *Eleanor Sullivan*
6. Mother's Maiden Name *Eleanor McVie*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Daniel Sullivan*
9. Father's Occupation *Plumber*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *G. B. Chataud Jr*
- Address *114 Park Ave*
- Remarks

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31989

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth (Street and Number) \_\_\_\_\_
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

31989  
White  
3 July  
426 Lexington St.  
Rachel Dean  
" Say  
Philadelphia  
James H. Dean  
Cigar Manufacturer  
Baltimore  
Wm. Hunter





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 3<sup>rd</sup>*
4. Place of Birth (Street and Number) *258 Calver St.*
5. Full Name of Mother *Louise Ernst*
6. Mother's Maiden Name *Pachley*
7. Mother's Birthplace *Fredericktown, Maryland*
8. Full Name of Father *John Ernst*
9. Father's Occupation *Kuchmesser Germany*
10. Father's Birthplace *Saxony*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Smith*
- Address *328 S. Edder St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) *White*
2. Race or Color (if not of the white race)
3. Date of Birth *July 3*
4. Place of Birth (Street and Number) *Common*
5. Full Name of Mother *Elizabeth Green*
6. Mother's Maiden Name *Schreck*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Frank Green*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *H. L. Fisher M.D.*
- Address *3706 E. 1st St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31993

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

a female living

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

July the 3

4. Place of Birth (Street and Number)

Little George Street No 4

5. Full Name of Mother

Jurey Williams

6. Mother's Maiden Name

Jure Reid

7. Mother's Birthplace

Easton Shore Ct

8. Full Name of Father

Geary Williams

9. Father's Occupation

Couchman

10. Father's Birthplace

Baltimore Ct

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sumner

Address

Geary Williams St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 3 July 1879
4. Place of Birth (Street and Number) 32 Para St
5. Full Name of Mother Fannie Montgomery
6. Mother's Maiden Name Kemp
7. Mother's Birthplace N D
8. Full Name of Father Thomas Montgomery
9. Father's Occupation Fireman
10. Father's Birthplace N D
- Name of Medical Attendant, or other Person who makes this Return. Mrs Para Casper
- Address 22 E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seven*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 3<sup>rd</sup> 1879*  
 4. Place of Birth (Street and Number) *104 Greenmount Ave*  
 5. Full Name of Mother *Sarah C. Wilson*  
 6. Mother's Maiden Name  
 7. Mother's Birthplace *Balto. Md*  
 8. Full Name of Father *Wm H. Wilson*  
 9. Father's Occupation *Rail Road Conductor*  
 10. Father's Birthplace *Balto. Md*  
 Name of Medical Attendant, or other Person who makes this Return. *S. H. Huntis - M.D.*  
 Address *36 Greenmount Ave*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31996

JUL  
8  
1879

IMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

July 3rd 1879

4. Place of Birth (Street and Number)

11 Herring St.

5. Full Name of Mother

Margaret Account.

6. Mother's Maiden Name

Margaret Keilen

7. Mother's Birthplace

Bafts. Md.

8. Full Name of Father

George Account

9. Father's Occupation

Laborer.

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Wm Leab Wacker

Address

9. S. Hollands St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31997

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

JUL  
8  
1879  
IMD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Colored.

3. Date of Birth

July 3<sup>d</sup> 1879.

4. Place of Birth (Street and Number)

505 McEldery St.

5. Full Name of Mother

Annie Cornick

6. Mother's Maiden Name

Annie Humphreys

7. Mother's Birthplace

Pa. B. Co.

8. Full Name of Father

John Cornick

9. Father's Occupation

Labourer

10. Father's Birthplace

Pa. B. Co.

Name of Medical Attendant, or other Person who makes this Return.

Mr. Leach Warner

Address

48. Holland St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31998



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

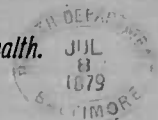
*Lucy 3rd 119*  
*275 North 1st St*  
*Chine & Moar*  
*Living & Catharine*  
*Portsmouth, Va*  
*Thomas S. Moar*  
*Portsmouth, Va*  
*John S. R. Boyer, M.D.*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 3<sup>d</sup>, 1879

4. Place of Birth (Street and Number) 239 Hollins St

5. Full Name of Mother Annin Brogan

6. Mother's Maiden Name " Morley

7. Mother's Birthplace Balto

8. Full Name of Father Benjamin Brogan

9. Father's Occupation Upholsterer

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. J. D. Gledhill M.D.

Address 219 N. Carey St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

32000

JUL

1898

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2400~~ <sup>4</sup> Children one mother
1. Sex (state whether male or female) *male and female*
2. Race or Color (if not of the white race) *Colored Race*
3. Date of Birth *July the 3-18-98*
4. Place of Birth (Street and Number) *E. Calmar St 116 Baltimore*
5. Full Name of Mother *Elizabeth Bound*
6. Mother's Maiden Name *E. Elizabeth Steffy*
7. Mother's Birthplace *Exyton Talbot County md*
8. Full Name of Father *John H Bound*
9. Father's Occupation *Labor*
10. Father's Birthplace *Baltimore City md*
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Woodford*
- Address *130 W Regester St Baltimore md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32001

JUL

1873

1873

1873

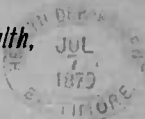
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st of 1d*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *3rd of July 1873*  
 4. Place of Birth (Street and Number) *124 North West Avenue 1-1-1*  
 5. Full Name of Mother *Louisa Starnes*  
 6. Mother's Maiden Name *Louisa Cattel*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Charles Cattel*  
 9. Father's Occupation *Farmer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Rescencia Runkel*  
 Address *11 North Chappel Street for postman*  
 Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32002

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth July 3<sup>rd</sup> 1879
4. Place of Birth (Street and Number) No 13<sup>th</sup> Mullikin street
5. Full Name of Mother Sarah Elizabeth Commons
6. Mother's Maiden Name Sarah Elizabeth McLaughlin
7. Mother's Birthplace Cambridge Dorchester County, M. D.
8. Full Name of Father Harrihan Commons
9. Father's Occupation Brickmaker and oyster shucker
10. Father's Birthplace Calvert County Maryland
- Name of Medical Attendant, or other Person who makes this Return. Henrietta Glasgow
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32003

JUL

1879

11 AM

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth July 3<sup>rd</sup> 1879  
 4. Place of Birth (Street and Number) Baltimore Park St No 111  
 5. Full Name of Mother Laura Robertson  
 6. Mother's Maiden Name " Bushbeck  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father James Robertson  
 9. Father's Occupation Laborer  
 10. Father's Birthplace Westminister  
 Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell  
 Address No. 140. Ramsey St  
 Remarks

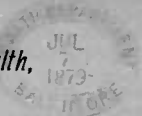
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32004

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d. 4th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 3d July
4. Place of Birth (Street and Number) 198 Commonwealth St.
5. Full Name of Mother Mary Gardner
6. Mother's Maiden Name Mary E. Ewing
7. Mother's Birthplace Balto.
8. Full Name of Father Robert Gardner
9. Father's Occupation Clerk
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other Person who makes this Return. Chas. Hoffman M.D.
- Address 57 N. E. St.
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32005  
HEALTH DEPT.  
JUL  
5  
1879  
IMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth July 3
4. Place of Birth (Street and Number) 33 Short
5. Full Name of Mother Martina Smothers
6. Mother's Maiden Name Martina Gale
7. Mother's Birthplace Sumner Co. Md
8. Full Name of Father John Smothers
9. Father's Occupation laborer
10. Father's Birthplace Prince George Co. Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Liza Johnson
- Address no 32 Short st
- Remarks healthy child



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32006



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 3 1879
4. Place of Birth (Street and Number) 2574 E. Pratt St.
5. Full Name of Mother Carrie Frank
6. Mother's Maiden Name Carrie Adler
7. Mother's Birthplace City -
8. Full Name of Father Max Frank
9. Father's Occupation Merchant
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Abraham P. Arnold
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32007

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 3rd 1879*
4. Place of Birth (Street and Number) *288 Scott St*
5. Full Name of Mother *Maria Abraham*
6. Mother's Maiden Name *Maria Daniels*
7. Mother's Birthplace *England*
8. Full Name of Father *Isaac Abraham*
9. Father's Occupation *Tailor*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

July 4/79

4. Place of Birth (Street and Number)

96 E. Washington

5. Full Name of Mother

Elizabeth R. Waters

6. Mother's Maiden Name

" Brown

7. Mother's Birthplace

Anne Arundel co. md.

8. Full Name of Father

W. H. Waters

9. Father's Occupation

Boat man

10. Father's Birthplace

Primer, George co. md.

Name of Medical Attendant, or other Person who makes this Return.

D. R. W. Mansfield

Address

117. S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *July 4<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *38 W. Pratt St.*
5. Full Name of Mother *Mary Ann Beck*
6. Mother's Maiden Name *Mary Ann Dailey*
7. Mother's Birthplace *Halifax*
8. Full Name of Father *John W. Beck*
9. Father's Occupation *Hotel Keeper*
10. Father's Birthplace *Newfoundland,*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Honeck*
- Address *75 E. Balto' St.*
- Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
male  
white  
July 2<sup>nd</sup> 1879  
226 Bapre St.  
Jidie M. Carter  
Ladie Werdall  
Baltimore City  
Robert M. Carter  
Printer  
Dorchester County  
M<sup>rs</sup> Margaret J. Richmond  
185 Lee St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 4th 1879*
4. Place of Birth (Street and Number) *No. 329 Allice St.*
5. Full Name of Mother *Mrs. Emma Remyding*
6. Mother's Maiden Name *Brockman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Edward Remyding*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Gatzke*
- Address *No. 55 S. Bond St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *color*
3. Date of Birth *4 of July*
4. Place of Birth (Street and Number) *174 York street*
5. Full Name of Mother *Hester Gross*
6. Mother's Maiden Name
7. Mother's Birthplace *Covert country*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Milly Gross*
- Address *181 York street*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32013

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup>*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 4<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *No 448 Franklin St.*
5. Full Name of Mother *Gera Beuner.*
6. Mother's Maiden Name *Gera Kuhn*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Charles Beuner.*
9. Father's Occupation *School Master*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Loll*
- Address *No 57 Rutland St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

320121

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 4th 1879*  
 4. Place of Birth (Street and Number) *No. 230 McCulloch St.*  
 5. Full Name of Mother *Josephine B. Bruff*  
 6. Mother's Maiden Name *Josephine B. Loftland*  
 7. Mother's Birthplace *Delaware*  
 8. Full Name of Father *Joseph E. Bruff*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who made this Return *C. P. Wilson M.D.*  
 Address *146 Park Avenue*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar inforessid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32118

JUL  
9  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

4 July

4. Place of Birth (Street and Number)

No. 7 Fayette St

5. Full Name of Mother

Mary McGee

6. Mother's Maiden Name

Quarman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James McGee

9. Father's Occupation

Moulder

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Isabella T. Chiswick

Address

No. 7 Farrest Place

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

32016  
JUL 8 1879  
IMOPS

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd confinement after 1st*
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *July 4th 1879*
4. Place of Birth (Street and Number) *133 N. Caroline St Baltimore*
5. Full Name of Mother *Sarah Ann Brown*
6. Mother's Maiden Name *Luckson*
7. Mother's Birthplace *Anne Arundle Cty Md*
8. Full Name of Father *Samuel Brown*
9. Father's Occupation *Fisherman*
10. Father's Birthplace *Anne Arundle Cty Md*
- Name of Medical Attendant, or other Person who makes this Return. *Wm H. L. Alexander M.D.*
- Address *No 1 South Light*
- Remarks *Case of twin birth in charge of midwife. 1st child born male*

*1st child dead. 2nd a cross birth. Right hand, presenting head and arm externally. Child dead. Midwife left. Delivered by Dr. L. H. L. Alexander.*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33017



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *July 11 1879*
4. Place of Birth (Street and Number) *3 Spruce ally, 2205 Franklin St*
5. Full Name of Mother *Bidget welch*
6. Mother's Maiden Name *Bidget harlen*
7. Mother's Birthplace *ireland*
8. Full Name of Father *peter welch*
9. Father's Occupation *laborer*
10. Father's Birthplace *ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel ann garrett*
- Address *64 burk st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

32018

JUL

1879

July 4<sup>th</sup> 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth July 4<sup>th</sup> 1879.

4. Place of Birth (Street and Number) 201 Durham St.

5. Full Name of Mother Julie Messer.

6. Mother's Maiden Name Susan Mahan.

7. Mother's Birthplace Germany.

8. Full Name of Father William Messer.

9. Father's Occupation Butcher.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>  
1. Sex (state whether male or female) female  
2. Race or Color (if not of the white race) wht  
3. Date of Birth July 4<sup>th</sup> 1879 Independence day!  
4. Place of Birth (Street and Number) 312 N Eutan  
5. Full Name of Mother Margaret Casey Roberts  
6. Mother's Maiden Name " Casey  
7. Mother's Birthplace Ireland  
8. Full Name of Father John Roberts  
9. Father's Occupation Porter  
10. Father's Birthplace England  
Name of Medical Attendant, or other Person who makes this Return. G Lane Danvers  
Address 129 W Biddle St  
Remarks Child was a 9<sup>1</sup>/<sub>2</sub> pounder; and was a face presentation.

## 39020

zalth. JUL 7 1879

JUL  
7  
1979

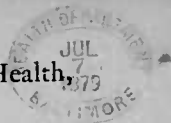
- C. C. Thomas Industries, Inc. All rights reserved.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32031

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 4th of July 1879 San Carlos St
4. Place of Birth (Street and Number) 134 San Carlos St
5. Full Name of Mother Carline Miller
6. Mother's Maiden Name Carline Puffer
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Miller
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Henry J. Galt
- Address 99 San Carlos St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, in the City of Baltimore, shall report to the regular staff said, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and of the mother, and of her physical condition, whether still in the womb, or not, the full name, nativity, age, and date of the marriage, and the maiden name of the mother of such child, and the name of the father of such child.

# RETURN OF A BIRTH.

32022

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 4

4. Place of Birth (Street and Number)

124 East Ave

5. Full Name of Mother

Mollie White

6. Mother's Maiden Name

Allen

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John White

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ann West

Address

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32023



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

7th  
Male  
White  
July 4<sup>th</sup> 1879  
182 Cross St  
Mary M. Cook  
Mary M. Markley  
Baltimore  
Eugene Cook  
Grocery Store Keeper  
Baltimore  
Frederic Cook M.D.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

July 5<sup>th</sup> 1879

4. Place of Birth (Street and Number)

1844 Fairmount Ave

5. Full Name of Mother

Mary L. Hickman

6. Mother's Maiden Name

Mary L. Auling

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James H. Hickman

9. Father's Occupation

Laborer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address

256 N. Donogh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32025



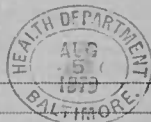
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Birth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *July 3<sup>rd</sup> 1879*
4. Place of Birth (Street and Number) *No 380 E Madison Street*
5. Full Name of Mother *Emma J. Enser*
6. Mother's Maiden Name *Emma B. Joyce*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *B. J. Enser*
9. Father's Occupation *Carrier*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Ann Allwell*
- Address *286 old Donogh #*
- Remarks \_\_\_\_\_

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White race
3. Date of Birth July 5<sup>th</sup> 1879
4. Place of Birth (Street and Number) 1 Gough # 260
5. Full Name of Mother Dorothea Henkel
6. Mother's Maiden Name Frank
7. Mother's Birthplace Balte Md
8. Full Name of Father Frank Henkel
9. Father's Occupation Crozier
10. Father's Birthplace Balte Md
- Name of Medical Attendant, or other Person who makes this Return. Wm R. Alling
- Address 45 N. Hollander
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 3<sup>rd</sup> 1879

4. Place of Birth (Street and Number) University Hospital

5. Full Name of Mother Annie Lewis

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. D. B. Brown M. D.

Address University Hospital

Remarks Not prenatation (left occipite - line ant. vertex)  
Forceps used, as labor was prolonged.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2<sup>d</sup>  
Female  
White  
5<sup>th</sup> of July 1879  
114 Argyle St.  
Elizabeth Ruth.  
B. O. Benjamin.  
Baltimore City  
Levi S. Ruth.  
Deputy Master  
Delaware  
Mary W. W.  
125 W. 1st St.  
Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

7<sup>th</sup>  
Male  
White  
5<sup>th</sup> of July 1879.  
2638 Madison  
Martha Jane  
Martha J. Edwards.  
Baltimore City.  
James B. Dore  
Steam Fitter  
Baltimore City  
Mary Walker  
120 S. Calverton  
Baltimore City.



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1057 3/4  
29 3/8

# RETURN OF A BIRTH.

32030

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2<sup>nd</sup>) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 5<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *229 N. Baltimore Street*
5. Full Name of Mother *Miriam Ann Sindall*
6. Mother's Maiden Name *" " Smith*
7. Mother's Birthplace *Baltimore County Md*
8. Full Name of Father *Am. Monroe Sindall*
9. Father's Occupation *Police Officer*
10. Father's Birthplace *Baltimore City Md*
- Name of Medical Attendant, or other Person who makes this Return. *44. Commissioner*
- Address *159 Lawrence Street*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child; or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 5th 1879*
4. Place of Birth (Street and Number) *# 186 P. Chapel St.*
5. Full Name of Mother *Riza D. Schweicher.*
6. Mother's Maiden Name *Riza Dunningan*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Valentine Schweicher*
9. Father's Occupation *laborer*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Williams*
- Address *# 171 Washington St.*
- Remarks *HP*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

32132



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 1<sup>st</sup> 1879
4. Place of Birth (Street and Number) No 187 Euston St.
5. Full Name of Mother Ellen A. Kolbe
6. Mother's Maiden Name Ellen L. Stevenson
7. Mother's Birthplace Balto
8. Full Name of Father Charles A. Kolbe
9. Father's Occupation Engineer
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Dr. W. H. Hillegeist
- Address No 152 E. Indiantown St.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 5th 1879*

4. Place of Birth (Street and Number) *Mt. Airy 163 W. Lombard St.*

5. Full Name of Mother *Mary Jenkins*

6. Mother's Maiden Name *"*

7. Mother's Birthplace *Md.*

8. Full Name of Father *Unknown*

9. Father's Occupation *"*

10. Father's Birthplace *"*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Brinkham M.D.*

Address *163 W. Lombard St.*

Remarks *Mother & child are doing well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup> child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 5 79*
4. Place of Birth (Street and Number) *No 3 Cemetery Lane*
5. Full Name of Mother *Sarah Eunmatine Seppish*
6. Mother's Maiden Name *Sarah Eunmatine Dukerdt*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Edward Christian Seppish*
9. Father's Occupation *Finer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sarah A Happersette*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup> Child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 5<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *224 Sharp St*  
 5. Full Name of Mother *Anna M. Waidner*  
 6. Mother's Maiden Name *" " Grentler,*  
 7. Mother's Birthplace *Balto. City,*  
 8. Full Name of Father *Louis Waidner,*  
 9. Father's Occupation *Fruit Packer,*  
 10. Father's Birthplace *Balto City,*  
 Name of Medical Attendant, or other Person who makes this return *R. J. N. Tall. M. D.*  
 Address *152 Sharp. St*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- Robert R. Krauter*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *July 5th 1879*
4. Place of Birth (Street and Number) *No 340 Charles St*
5. Full Name of Mother *Louis Krauter*
6. Mother's Maiden Name *Korutz*
7. Mother's Birthplace *America*
8. Full Name of Father *William Krauter*
9. Father's Occupation *Photographer*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schradder midwife*
- Address *330 Hanover St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

32037



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 5th 1879*
4. Place of Birth (Street and Number) *No 258 Howard St.*
5. Full Name of Mother *Bartha Hingog*
6. Mother's Maiden Name *Barthman*
7. Mother's Birthplace *America*
8. Full Name of Father *Joseph Hingog*
9. Father's Occupation *Salvage*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schicauer midwife*
- Address *330 Hancock St.*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32038

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *July 5th 1879*
4. Place of Birth (Street and Number) *1677 Guilman's ally.*
5. Full Name of Mother *Anna Reisk*
6. Mother's Maiden Name *Schmidt*
7. Mother's Birthplace *America*
8. Full Name of Father *Joseph Reisk*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwaish midwife*
- Address *330 Hanover st.*
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32039

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 5<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No 800. Pratt St*
5. Full Name of Mother *Lysa Dash*
6. Mother's Maiden Name *Lysa Lents*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Adam Dash*
9. Father's Occupation *Patannier*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Doll*
- Address *No 57 Barnhart St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *5th of July*

4. Place of Birth (Street and Number) *No 27 Cedar Stly*

5. Full Name of Mother *Jennifer Washington*

6. Mother's Maiden Name *Miss Jane Ellen Washington*

7. Mother's Birthplace *St Marys County*

8. Full Name of Father *Thomas Hunt*

9. Father's Occupation *waiter*

10. Father's Birthplace *Westmoreland County Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Ellen Stokes H. Chapman*

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32041

JUL 9 1879  
OFFICE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *July 25th 1879*

4. Place of Birth (Street and Number) *345 Jefferson St. Ct.*

5. Full Name of Mother *Eliza Bayman*

6. Mother's Maiden Name *Susan Bayman*

7. Mother's Birthplace *Baltimore, Md*

8. Full Name of Father *Benj. Rayman*

9. Father's Occupation *Squarman W.C.*

10. Father's Birthplace *W.C. Bayman*

Name of Medical Attendant, or other Person who makes this Return. *No. 95 Holladay St.*

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

320142



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July the 5<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *S. Regester St. N<sup>o</sup> 141*

5. Full Name of Mother *Rosa N. Sinclair*

6. Mother's Maiden Name *Rosa N. Chapp.*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *John H. Sinclair*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Miller*

Address *N. Dallas St. N<sup>o</sup> 26.*

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32043

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 5th 1879.
4. Place of Birth (Street and Number) Baltimore Infirmary
5. Full Name of Mother Annie Hides
6. Mother's Maiden Name Annie Hines
7. Mother's Birthplace —
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —
- Name of Medical Attendant, or other Person who makes this Return. Edmund C. Rivers M. D.
- Address Baltimore Infirmary
- Remarks Child delivered with forceps.  
Full size; healthy child.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

3204-17  
TH DEF.  
JUL  
8  
1879  
IMPR

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
- Sex (state whether male or female) *Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *July 5<sup>th</sup> 1877*
- Place of Birth (Street and Number) *No 39 Randall St*
- Full Name of Mother *Mary Margaret Pearl*
- Mother's Maiden Name *do do Klaybarty*
- Mother's Birthplace *Baltimore md*
- Full Name of Father *Eugene Pearl*
- Father's Occupation *Fireman on B & O R R*
- Father's Birthplace *Baltimore md*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Hinton*
- Address *No 121 West Ave*
- Remarks

**Birth Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

32015

1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 5<sup>th</sup> 1879.
4. Place of Birth (Street and Number) 44 N. Ann St
5. Full Name of Mother Louise Trotter
6. Mother's Maiden Name Loeffler
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Frank Trotter
9. Father's Occupation Clerk.
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. D. W. Cathell M. D.
- Address 2 N. B. Tucker
- Remarks Infant weighs about 2 1/2 pounds. Probably born prematurely.

D. W. Cathell M. D.



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

320146

JUL  
1879

July 6<sup>th</sup> 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth July 5<sup>th</sup> 1879.

4. Place of Birth (Street and Number) 304 Benton Ave.

5. Full Name of Mother Rosa Beck.

6. Mother's Maiden Name Rosa Weinrich.

7. Mother's Birthplace America.

8. Full Name of Father Charles Beck.

9. Father's Occupation Farmer.

10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return.

Address No. 137 Wolfe St.

Remarks

Dr. Mary Leonard

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32047

JUL

79

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *5th July*
4. Place of Birth (Street and Number) *No. 53 Montgomery Street.*
5. Full Name of Mother *Rebecca Hoffman.*
6. Mother's Maiden Name *Rebecca Stone.*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jake Hoffman*
9. Father's Occupation *Iron Moulder.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Scarborough.*
- Address *No 220 Montgomery Street.*
- Remarks

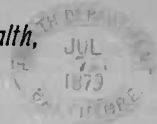
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32048

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 5<sup>th</sup> 1879.*  
 4. Place of Birth (Street and Number) *No 260 Lex st.*  
 5. Full Name of Mother *Jessie Menendez*  
 6. Mother's Maiden Name *Jessie Trimble*  
 7. Mother's Birthplace *Eastern shore Md.*  
 8. Full Name of Father *Candido Menendez*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *Cuba. West Indies.*  
 Name of Medical Attendant, or other Person who makes this Return. *Geo. C. C. M.D.*  
 Address *229 Carey st.*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *W*
3. Date of Birth *July 5 1879*
4. Place of Birth (Street and Number) *N. 12 Harford av*
5. Full Name of Mother *Laura Jones*
6. Mother's Maiden Name *" Gott*
7. Mother's Birthplace *Balt*
8. Full Name of Father *George Jones*
9. Father's Occupation *artist*
10. Father's Birthplace *S. H. Potomac Md*
- Name of Medical Attendant, or other Person who makes this Return. *23 Franklin*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *6th of July*
4. Place of Birth (Street and Number) *349 Cathedral St.*
5. Full Name of Mother *Mary Jones*
6. Mother's Maiden Name *" Regan*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Charles Jones*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Charles H. Crosby*
- Address *349 Cathedral St.*
- Remarks

Return of a Birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11.*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *July 6<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *337 S. Broadway*
5. Full Name of Mother *Caroline Hilty*
6. Mother's Maiden Name *Krumhauer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Conrad Hilty*
9. Father's Occupation *Knife Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Elizabeth Bely*
- Address *245 Canton St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32052

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) / Female

2. Race or Color (if not of the white race)

3. Date of Birth

6 July

4. Place of Birth (Street and Number) No 845 W. Baltimore st

5. Full Name of Mother

Elizabeth Cline

6. Mother's Maiden Name

Shant

7. Mother's Birthplace

Germany

8. Full Name of Father

Joseph Cline

9. Father's Occupation

Shoe Maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. James H. Hays

Address

8 Landon Hall St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32053

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *6<sup>th</sup> of July*
4. Place of Birth (Street and Number) *18 S. Chester st*
5. Full Name of Mother *Ruth Glen*
6. Mother's Maiden Name *Wagner*
7. Mother's Birthplace *Balto City*
8. Full Name of Father *Benjamin Glen*
9. Father's Occupation *Wharf & Bridge Builder*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *E. P. Jones M D*
- Address *406 E. Balto st*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32054

To the Office of Registrar of Vital Statistics, Board of Health.  
 BALTIMORE CITY.

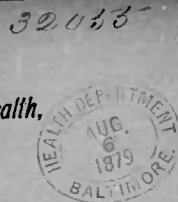


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 d,
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 6 d, of July
4. Place of Birth (Street and Number) 643 W. Baltimore St
5. Full Name of Mother Katharina Schaefer
6. Mother's Maiden Name Katharina Hilgartner
7. Mother's Birthplace Landsberg Hesseu Darmstadt (German)
8. Full Name of Father Johu Henry Schaefer
9. Father's Occupation 643 W. Baltimore St
10. Father's Birthplace Lisberg Hesseu Darmstadt (German)
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Drunler
- Address 60 Schroter
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth July 6 1879  
 4. Place of Birth (Street and Number) 202 1/2 High Street  
 5. Full Name of Mother Mary A. Clark  
 6. Mother's Maiden Name Mary A. Kelley  
 7. Mother's Birthplace Washington City, W. Co.  
 8. Full Name of Father William L. Clark  
 9. Father's Occupation Electrotype Finisher  
 10. Father's Birthplace Philadelphia Pa.  
 Name of Medical Attendant, or other Person who makes this Return. Dr. W. B. Wiley  
 Address 158 Hanover Street  
 Remarks \_\_\_\_\_

Exact requirements of the laws of Maryland to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 6 - 1879*
4. Place of Birth (Street and Number) *103 S. Sticks St*
5. Full Name of Mother *Charlotte Virginia Lusby*
6. Mother's Maiden Name *Schoolden*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Leoda Lusby*
9. Father's Occupation *Watchman*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. R. Ricketts M.D.*
- Address *400 S. Fayette & Chelton Sts*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 6<sup>th</sup> 77
4. Place of Birth (Street and Number) Cross St 318
5. Full Name of Mother Rose Woda
6. Mother's Maiden Name Stollman
7. Mother's Birthplace Baltimore
8. Full Name of Father Louise Woda
9. Father's Occupation Carter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. K. K.
- Address 328 S. E. 2d St.
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



32058

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 d*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *July 6 1879*  
 4. Place of Birth (Street and Number) *158 Lombard Str.*  
 5. Full Name of Mother *Ernstine Schunke*  
 6. Mother's Maiden Name *Ern. Thiem Thiem*  
 7. Mother's Birthplace *German*  
 8. Full Name of Father *J. G. Schunke*  
 9. Father's Occupation *Cabinetmaker*  
 10. Father's Birthplace *German*  
 Name of Medical Attendant, or other Person who makes this Return *M. R. Rudiger*  
 Address *134 N. Bond Str.*  
 Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The first*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July the 6 1879*

4. Place of Birth (Street and Number) *No 195 Washington St*

5. Full Name of Mother *Sophia Getz*

6. Mother's Maiden Name *Sophia Bush*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Joseph Getz*

9. Father's Occupation *Shoe Maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Ann Emily Ball*

Address *No 171 South Chester St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32060

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 6 July 1879
4. Place of Birth (Street and Number) 2 Leonard St
5. Full Name of Mother Allen Ecken
6. Mother's Maiden Name Allen
7. Mother's Birthplace N D
8. Full Name of Father Edward Ecken
9. Father's Occupation Workman
10. Father's Birthplace N D
- Name of Medical Attendant, or other Person who makes this Return. Mrs Para Casper
- Address 82 E Lombard St
- Remarks

*Direct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. *Date of Birth*

4. *Place of Birth (Street and Number)*

5. Full Name of Mother

6. *Mother's Maiden Name*

### 7. Mother's Birthplace

8. Full Name of Father

9. *Father's Occupation*

### 10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

569 Wat Lombard St  
No. 1 W. St



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 28 1879*
4. Place of Birth (Street and Number) *No 438 St. Reginald St*
5. Full Name of Mother *Mrs. Mary Murray*
6. Mother's Maiden Name *" " Schultz*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Michael Murray*
9. Father's Occupation *Cook*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Gault*
- Address *Robt. D. Board St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth July 14 1879
4. Place of Birth (Street and Number) 1015 Gay St.
5. Full Name of Mother Mrs. Harriett Stern
6. Mother's Maiden Name Goldenwill
7. Mother's Birthplace Germany
8. Full Name of Father Jacobus Stern
9. Father's Occupation Shochet for
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Gold
- Address 1015 Gay St.
- Remarks 1. The 1st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 6 of July
4. Place of Birth (Street and Number) 77 Leedinghall st-
5. Full Name of Mother Mrs. Corperin
6. Mother's Maiden Name Mrs. Hall
7. Mother's Birthplace Baltimore
8. Full Name of Father  Rufus Corperin
9. Father's Occupation Barber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Milly Gross
- Address 181 York street
- Remarks i had no doctor with me

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32065-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14th ~

1. Sex (state whether Male or Female) Male ~

2. Race or Color (if not of the white race) White

3. Date of Birth July 6th 1879

4. Place of Birth (Street and Number) No 79 S. Green St.

5. Full Name of Mother Mary Ann Henney

6. Mother's Maiden Name " " Burnt.

7. Mother's Birthplace Limerick Ireland.

8. Full Name of Father John Henney

9. Father's Occupation Coopering. Horse Stable

10. Father's Birthplace Henry County Ireland.

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Hemble M.D.

Address W 203 St. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



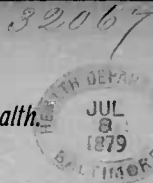
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth May 6th 1879
4. Place of Birth (Street and Number) Bellevue St. No. 11
5. Full Name of Mother Caroline White
6. Mother's Maiden Name " Carroll
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Carroll
9. Father's Occupation Doctor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. Ross Allen
- Address 45 N. Holliday St.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*July 8 1879*  
*149 N. E. Ave*  
*John Ryder*  
*Gold and Jeweler*  
*Baltimore*  
*Moses Ryder*  
*Merchant*  
*Baltimore*  
*John. L. Ryder, M.D.*  
*" " "*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32068

IN DEF.  
JUL  
8  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 6th 1879*
4. Place of Birth (Street and Number) *49 York St*
5. Full Name of Mother *Margaret P. Martin*
6. Mother's Maiden Name *Margaret Ennis*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *David Martin*
9. Father's Occupation *Fishman*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*
- Address
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

32069  
JUL  
1879  
11106

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 6<sup>th</sup> July 1879
4. Place of Birth (Street and Number) 80 S. Fremont St.
5. Full Name of Mother Irene Clark
6. Mother's Maiden Name Irene Gray
7. Mother's Birthplace Balto.
8. Full Name of Father Edward S. Clark
9. Father's Occupation Iron Moulder
10. Father's Birthplace Balto City
- Name of Medical Attendant, or other Person who makes this Return. H. W. C. Wiggins
- Address 274 Madison Ave.
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3<sup>d</sup>)*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 7<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *394 Stanford Ave*  
 5. Full Name of Mother *Mary J. Erdman*  
 6. Mother's Maiden Name *" Snyder*  
 7. Mother's Birthplace *Collicott Mills, Ind*  
 8. Full Name of Father *John C. Erdman*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *Baltimore Co*  
 Name of Medical Attendant, or other Person who makes this Return. *A. B. Winter*  
 Address *178 Stanford Ave*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32071

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (~~State whether Male or Female~~) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 7<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *#91 Chesapeake St.*

5. Full Name of Mother. *Mary L. Horrichs*

6. Mother's Maiden Name *Mary L. Gutmann*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Jos. F. Horrichs*

9. Father's Occupation *Cigar Maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *A. F. Erich M.D., per B.*

Address *#94 S. Bldg.*

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Birth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 7<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No 277 McAllister St*
5. Full Name of Mother *Eleanor Clements*
6. Mother's Maiden Name *Eleanor Haworth*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James H Clements*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Ann Allwell*
- Address *236 W Donagh St*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchear, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



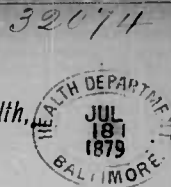
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3rd)*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 7-1879*  
 4. Place of Birth (Street and Number) *No. 104 N. Caroline St.*  
 5. Full Name of Mother *Mrs. Julia A. Callis*  
 6. Mother's Maiden Name *Miss — — Walten*  
 7. Mother's Birthplace *Baltimore, Md.*  
 8. Full Name of Father *Mr. Wm Thomas Callis*  
 9. Father's Occupation *Bricklayer*  
 10. Father's Birthplace *Baltimore Md.*  
 Name of Medical Attendant, or other Person who makes this Return *Wm H. Henderson M.D.*  
 Address *No. 102 N. Broadway*  
 Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether ~~first~~, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 7<sup>th</sup> 1879
4. Place of Birth (Street and Number) Carlton St No 57
5. Full Name of Mother Laura Shryer
6. Mother's Maiden Name Laura Edmann
7. Mother's Birthplace Balt City
8. Full Name of Father John Edward Shryer
9. Father's Occupation Baker
10. Father's Birthplace Pennsylvania
- Name of Medical Attendant, or other Person who makes this Return. Wm Correll M.D.
- Address 498 W Fayette St
- Remarks \_\_\_\_\_

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Female  
White  
July 16, 1879  
158. Monument St.  
H. Britt  
H. White  
Baltimore  
William Britt  
Cotton Spinner  
Baltimore  
Mary Peck  
158. Monument St.  
Baltimore

*rect Record of Vital Statistics in the City of Baltimore.*

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 7<sup>th</sup> 1879
4. Place of Birth (Street and Number) Corn. Wolf & Canton Ave.
5. Full Name of Mother Caroline G. Wilner
6. Mother's Maiden Name Caroline Granting
7. Mother's Birthplace Balto
8. Full Name of Father Mr. Wilner
9. Father's Occupation Cooper
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary G. Simms
- Address #171 p. Washington Str
- Remarks 78

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Christ*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 7th*
4. Place of Birth (Street and Number) *Maternal 163 W Lombard St.*
5. Full Name of Mother *Katie Miller*
6. Mother's Maiden Name *nd*
7. Mother's Birthplace *nd*
8. Full Name of Father *unknown*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *J. H. B. Anthon*
- Address *163 W Lombard St.*
- Remarks *Mother and child are doing well.*



# RETURN OF A BIRTH.

32078

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Color

3. Date of Birth

Jan 1

4. Place of Birth (Street and Number)

No 90 Seaden Hall

5. Full Name of Mother

Mary B Smith

Mother's Maiden Name

Mary S Parrells

Mother's Birthplace

Baltimore

Full Name of Father

John Smith

Father's Occupation

Laborer

Father's Birthplace

Appaomy Virginia

Name of Medical Attendant, or other Person who makes this Return.

Superintendent

Address

No 1 Peloponnesian

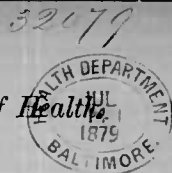
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 7 July 1879
4. Place of Birth (Street and Number) 44 Spring St
5. Full Name of Mother Virginia Käfer
6. Mother's Maiden Name Kleinmeier
7. Mother's Birthplace Germany
8. Full Name of Father Robert Käfer
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 E. Lombard St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

32080



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *July 7. 1878*

4. Place of Birth (Street and Number) *156 York St.*

5. Full Name of Mother *Elizabeth Miller*

6. Mother's Maiden Name *Elizabeth Gardner*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *John Miller*

9. Father's Occupation *Ship Joiner*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Mary Garner*

Address *153 Calington Avenue*

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32081

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth July 7 - 1879

4. Place of Birth (Street and Number) No 149 - N. W. Cor Fulton & Edmondson

5. Full Name of Mother Emma Marie King

6. Mother's Maiden Name " " Parker

7. Mother's Birthplace Acushnet Mass -

8. Full Name of Father George T. King

9. Father's Occupation Salesman

10. Father's Birthplace New Bedford - Mass -

Name of Medical Attendant, or other Person who makes this Return. John T. King - M.D.

Address 76 Edmondson Avenue

Remarks

Report Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex (state whether ~~male~~ or female)
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *July 21. 1879*
  4. Place of Birth (Street and Number) *E. Exeter St. No 137*
  5. Full Name of Mother *Mary Klein*
  6. Mother's Maiden Name *Mary Rachel*
  7. Mother's Birthplace *Baltimore City*
  8. Full Name of Father *Wilhelm Klein*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes the Return, *Mary E. Muller*
- Address *N. Dallas St. No 26.*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 7th*
4. Place of Birth (Street and Number) *No. 4 East Caroline and Jefferson St.*
5. Full Name of Mother *Mary Baker*
6. Mother's Maiden Name *Eastern Shore*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Baker*
9. Father's Occupation *Laborer*
10. Father's Birthplace *St. Louis, Mo.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Louis Leary*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32084

RECEIVED  
JUL  
8  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 7th 1879*  
 4. Place of Birth (Street and Number) *107 Leadenhall St*  
 5. Full Name of Mother *Charlotte Reddish*  
 6. Mother's Maiden Name *Charlotte Kelly*  
 7. Mother's Birthplace *Kent Co. Md*  
 8. Full Name of Father *Wm. Reddish*  
 9. Father's Occupation *Engineer*  
 10. Father's Birthplace *Howard Co Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*  
 Address  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32085

JUL  
1879  
11 02

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth The 4 of JULY 1879

4. Place of Birth (Street and Number) Baltimore M.D.

5. Full Name of Mother Sarah Stantley

6. Mother's Maiden Name Sarah Calark

7. Mother's Birthplace Baltimore M.D.

8. Full Name of Father John Stantley

9. Father's Occupation Laborer

10. Father's Birthplace Easton shore M.D.

Name of Medical Attendant, or other Person who makes this Return. Larrier & Cole

Address 174 N. 1st St

Remarks and as well as can be expected



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32086

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *5th July*  
 4. Place of Birth (Street and Number) *116 Canby St.*  
 5. Full Name of Mother *Margaret Doe*  
 6. Mother's Maiden Name *Margaret Doe*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *May Doe*  
 9. Father's Occupation *Stone Mason*  
 10. Father's Birthplace *Baden Germany*  
 Name of Medical Attendant, or other Person who makes this return *Dr. Sarah Sellers*  
 Address *104 Canby St.*  
 Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32087

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 8th 1879
4. Place of Birth (Street and Number) 45 N Lombard St Balto
5. Full Name of Mother Elise Haigley
6. Mother's Maiden Name " Bishop
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Haigley
9. Father's Occupation Clocksmith
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. A Lindner
- Address 45 Monroe St.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3
1. Sex (state whether Male or Female) 2 Male 1 Female
2. Race or Color (if not of the white race) white race
3. Date of Birth 8 of July 1877 / 6 of August 1877 3 weeks 1879
4. Place of Birth (Street and Number) No 11 Lemon St.
5. Full Name of Mother Winifred Gleason
6. Mother's Maiden Name Winifred Butler
7. Mother's Birthplace county Tipperary Ireland
8. Full Name of Father Robert Gleason
9. Father's Occupation laboring man
10. Father's Birthplace county Tipperary Ireland
- Name of Medical Attendant, or other Person who makes this Return. Miss Butler
- Address.
- Remarks

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*  
 1. Sex (state whether male or female) *male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *July 8<sup>th</sup>*  
 4. Place of Birth (Street and Number) *No 8 Water st*  
 5. Full Name of Mother *Mary Maria*  
 6. Mother's Maiden Name *Mary Siebert*  
 7. Mother's Birthplace *Prussia*  
 8. Full Name of Father *Albert Maria*  
 9. Father's Occupation *Saloon Keeper*  
 10. Father's Birthplace *Prussia*  
 Name of Medical Attendant, or other Person who makes this Return. *Lena Hillegast*  
 Address *No 182 E Monument st*  
 Remarks *Doing well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 8<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *110 1/2 New Church Street*
5. Full Name of Mother *Carrie Smith*
6. Mother's Maiden Name *Carrie Thomas*
7. Mother's Birthplace *Caroline County, Va.*
8. Full Name of Father *James Smith*
9. Father's Occupation *Laborer.*
10. Father's Birthplace *Virginia.*
- Name of Medical Attendant, or other Person who makes this Return. *Ellen Stubbs.*
- Address *42 Sharp Street Alley.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *July 8th 1879*
4. Place of Birth (Street and Number) *100 Legendall st*
5. Full Name of Mother *Laura Schmidt*
6. Mother's Maiden Name *Burger*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Schmidt*
9. Father's Occupation *St. Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schaeffer midwife*
- Address *330 Hancock st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32099



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the fourth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *July 8th at 12 O'clock 1879*
4. Place of Birth (Street and Number) *279 William Street*
5. Full Name of Mother *Minna Brooker*
6. Mother's Maiden Name *Minna Kling*
7. Mother's Birthplace *Schbach Germania*
8. Full Name of Father *Charles Brooker*
9. Father's Occupation *Cigar Maker*
10. Father's Birthplace *Hat Oldendorf Germania*
- Name of Medical Attendant, or other Person who makes this Return. *Katharine Munnesh, Resident M.D.*
- Address *Baltimore Camden*
- Remarks *Prick*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32093

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 8<sup>th</sup> 1879
4. Place of Birth (Street and Number) No 71 Monument St.
5. Full Name of Mother Catherine Kientz
6. Mother's Maiden Name Edwina Bartles
7. Mother's Birthplace Germany
8. Full Name of Father A. Kientz
9. Father's Occupation Farmer & ex mother
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. Hillegeist
- Address No 15 & C. Monument St.
- Remarks Living well



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

320911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> for 2<sup>nd</sup>*
1. Sex (state whether male or female) *Maidehen*
2. Race or Color (if not of the white race) *Weiß*
3. Date of Birth *geboren 8ten July*
4. Place of Birth (Street and Number) *N<sup>o</sup> 79 Carroll St*
5. Full Name of Mother *Fine Hollenz*
6. Mother's Maiden Name *Fine Thiel*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Georg Hollenz*
9. Father's Occupation *Maschinenh*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Friederitte Koenigsmann*
- Address *N<sup>o</sup> 197 S. Dullles St*
- Remarks *Henne*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32095

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED  
B  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth July 8<sup>th</sup> 1879  
4. Place of Birth (Street and Number) 84 Gen High & Trinity St  
5. Full Name of Mother Sophia Johnson  
6. Mother's Maiden Name " Knight  
7. Mother's Birthplace Baltimore, Ind.  
8. Full Name of Father John L Johnson  
9. Father's Occupation Shipping Clerk  
10. Father's Birthplace Baltimore County  
Name of Medical Attendant, or other Person who makes this Return. Dr. C. A. Hall M.D.  
Address 2 N. Broadway  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

38096



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Black*  
 3. Date of Birth *July 8<sup>th</sup> 1879.*  
 4. Place of Birth (Street and Number) *98 Vine St. near Schroeder St.*  
 5. Full Name of Mother *Rosena Harris.*  
 6. Mother's Maiden Name *Rosena Harris.*  
 7. Mother's Birthplace *Cambridge, Md.*  
 8. Full Name of Father *John W. Harris.*  
 9. Father's Occupation *Farmer.*  
 10. Father's Birthplace *Cambridge, Md.*  
 Name of Medical Attendant, or other Person who makes this return *A. M. Fox, M.D.*  
 Address *N. W. Fayette & Schroeder St.*  
 Remarks *Illegitimate Child, parties unmarried.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32097

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 9<sup>th</sup> 1879

4. Place of Birth (Street and Number)

730 W. Baltimore St.

5. Full Name of Mother

Harman

6. Mother's Maiden Name

7. Mother's Birthplace

Anna Grindel Co -

8. Full Name of Father

H. A. Harman

9. Father's Occupation

Mechanic

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Edw. T. Nichols

Address

279 W. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32098

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 9 1879*
4. Place of Birth (Street and Number) *No 3 Hammerberger Court*
5. Full Name of Mother *Fredericka Werner*
6. Mother's Maiden Name *Fredericka Streitberger*
7. Mother's Birthplace *Rudolstadt Germany*
8. Full Name of Father *Frederick August Werner*
9. Father's Occupation *Porter*
10. Father's Birthplace *Muegeln Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Munich*
- Address *No 8 Leadenhall St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32099

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 9. 1879.

4. Place of Birth (Street and Number)

Chapel St. near Enger.

5. Full Name of Mother

Koranna Thompson

6. Mother's Maiden Name

Stahl.

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

William Thompson

9. Father's Occupation

Laborer.

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Alice C. Powers

Address

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32100

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

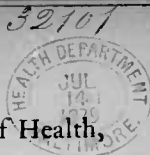


No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) Negro  
 3. Date of Birth 9th July 1879  
 4. Place of Birth (Street and Number) 79. S. Duncan Alley  
 5. Full Name of Mother Frances Kennard  
 6. Mother's Maiden Name Wright  
 7. Mother's Birthplace Baltimore (Kennard)  
 8. Full Name of Father William Kennard  
 9. Father's Occupation Labour  
 10. Father's Birthplace Baltimore City  
 Name of Medical Attendant, or other Person who makes this Return. E. P. Irons M. D.  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No 1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *born on the 9th of July 1899*

4. Place of Birth (Street and Number) *16 Calison Alley*

5. Full Name of Mother *Annice Rauch*

6. Mother's Maiden Name *H. Schneider*

7. Mother's Birthplace *born in this City of Balt.*

8. Full Name of Father *John Rauch*

9. Father's Occupation *Dr. Driver*

10. Father's Birthplace *born in the City of Balt.*

Name of Medical Attendant, or other Person who makes this return *Mrs. Miller*

Address *107 W 1st St. Balt. Md.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32102

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *9th day of July*
4. Place of Birth (Street and Number) *401 N. Pratt St*
5. Full Name of Mother *Wilhelmina J. Jungsberg*
6. Mother's Maiden Name *Wilhelmina Knecht*
7. Mother's Birthplace *Gros Rinder Bros. House*
8. Full Name of Father *Philip Jungsberg*
9. Father's Occupation *Knacker*
10. Father's Birthplace *Hesse Hessel*
- Name of Medical Attendant, or other Person who makes this Return. *Anne Dumber 60 Schuster*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

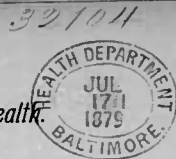


- 1110*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_ *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_ *Black*
3. Date of Birth \_\_\_\_\_ *July 2 1879*
4. Place of Birth (Street and Number) \_\_\_\_\_ *Chestnut alley*
5. Full Name of Mother \_\_\_\_\_ *Mary Marshall*
6. Mother's Maiden Name \_\_\_\_\_ *West*
7. Mother's Birthplace \_\_\_\_\_ *Baltimore*
8. Full Name of Father \_\_\_\_\_ *James Marshall*
9. Father's Occupation \_\_\_\_\_ *Seaman*
10. Father's Birthplace \_\_\_\_\_ *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_ *J. W. C. Cuddihy M.D.*
- Address \_\_\_\_\_ *363 Franklin St.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth July 9 1879
4. Place of Birth (Street and Number) 528 N. Washington St.
5. Full Name of Mother Emilie Schmidt
6. Mother's Maiden Name E. Gehner
7. Mother's Birthplace Germane
8. Full Name of Father Hubert Schmidt
9. Father's Occupation Printer
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. W. R. Rudiger
- Address 134 N. Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male  
White

2. Race or Color (if not of the white race)

3. Date of Birth

July 9th. 1879.

4. Place of Birth (Street and Number)

No-112 Scherlock St

5. Full Name of Mother

Finney Parks

6. Mother's Maiden Name

Finney West

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Parks

9. Father's Occupation

Brickmoulder

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Catherine Horner

Address

No-106 West St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32106

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 9<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *79 Park Street*  
 5. Full Name of Mother *Mary Cassey*  
 6. Mother's Maiden Name *Mary Dunne*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *Andrew Cassey*  
 9. Father's Occupation *Cookman*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *C. B. Hanna*  
 Address *108 Cathedral*  
 Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *17th of July 1872*  
 4. Place of Birth (Street and Number) *224 East Lombard Street*  
 5. Full Name of Mother *Mary Anderson Howard*  
 6. Mother's Maiden Name *Mary Bliss*  
 7. Mother's Birthplace *Harford County Md.*  
 8. Full Name of Father *Elizabeth Bliss*  
 9. Father's Occupation *Labourer*  
 10. Father's Birthplace *Harford County Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. H. R. Fox*  
 Address *Dr. H. R. Fox, Chopped Neck St.*  
 Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY. July 11



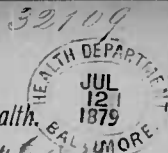
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 9<sup>th</sup> 1879.
4. Place of Birth (Street and Number) 7 Cambridge St
5. Full Name of Mother Cambridge St Frederick Thamer
6. Mother's Maiden Name Frederick Walker
7. Mother's Birthplace America
8. Full Name of Father John Thamer
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Abraham Amend
- Address 137 South Wolfe St.
- Remarks C48

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 4<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *214 Castle Ave.*
5. Full Name of Mother *Bertha Baumhauer Schlenker*
6. Mother's Maiden Name *Bertha Baumhauer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Erhard Schlenker*
9. Father's Occupation *Unterlabor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Amend*
- Address *37 South Wolfe St.*
- Remarks *CH*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 7th 1879*
4. Place of Birth (Street and Number) *No 310 Charles St*
5. Full Name of Mother *Helena Reubrecht*
6. Mother's Maiden Name *Shuman*
7. Mother's Birthplace *America*
8. Full Name of Father *Henry Reubrecht*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schuysser midwife*
- Address *330 Hanover St*
- Remarks

# RETURN OF A BIRTH.

32111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

July 11<sup>th</sup> 1879



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 9<sup>th</sup> 1879.
4. Place of Birth (Street and Number) 120 South Bond Street
5. Full Name of Mother Annie Bond
6. Mother's Maiden Name Anne Hornman
7. Mother's Birthplace America
8. Full Name of Father George Hornbach
9. Father's Occupation Store Clerk
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary A. Bond
- Address 121 South Wolfe St.
- Remarks CH

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Female

White

July 9<sup>th</sup> 1879

N.W. Cor. Gilman & Edmondson Aves.

Mamie Adelaide Saville

Merker.  
Balto. City

John Wesley Saville

Lawyer

Balto. City

James M. Knight M.D.

112 N. Greene

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32113

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July the 9. 1879.*

4. Place of Birth (Street and Number) *S. Bond St. No 298.*

5. Full Name of Mother *Maroline Garling*

6. Mother's Maiden Name *Maroline Heidtack*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Friedrich Garling*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Dickel. V. Preussen Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Muller*

Address. *N. Tallas St. No 26,*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child  
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 9th 1879

4. Place of Birth (Street and Number)

1237 Charles St  
Cornelia Guedede

5. Full Name of Mother

Meyers.

6. Mother's Maiden Name

Germany.

7. Mother's Birthplace

Carl Guedede

8. Full Name of Father

Laborer

9. Father's Occupation

Germany.

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser midwife  
330 Hanover St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32115

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 9 1879*
4. Place of Birth (Street and Number) *35 Callican St*
5. Full Name of Mother *Emily Anderson*
6. Mother's Maiden Name *Emily Anderson*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Thos Anderson*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Bank St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32116

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *July 9 1879*
4. Place of Birth (Street and Number) *4 fountain st*
5. Full Name of Mother *Julia greaves*
6. Mother's Maiden Name *Julia Goale*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick greaves*
9. Father's Occupation *carpenter*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *67 Beek St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *9th of July*
4. Place of Birth (Street and Number) *No 23 Leadenhall Street*
5. Full Name of Mother *Clara Little*
6. Mother's Maiden Name *Clara Cansey*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *J. Thomas Little*
9. Father's Occupation *Bookster*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Scarborough*
- Address *No 220 Montgomery Street*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32118

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female  
White

2. Race or Color (if not of the white race)

3. Date of Birth

July 9th

4. Place of Birth (Street and Number)

83 Greeningham Ave  
Margaret R. Colwell

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Balt.  
Geo W. Colwell  
Laborer  
Baltimore

9. Father's Occupation

10. Father's Birthplace

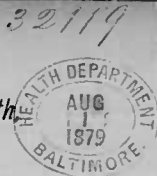
Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm Whitridge

# RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup> child  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 4<sup>th</sup> mo 10<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) 5<sup>th</sup> St. 10<sup>th</sup> St  
 5. Full Name of Mother Laura Delcher  
 6. Mother's Maiden Name Laura Bodensieck  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father John Delcher  
 9. Father's Occupation Fish Dealer  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Wm. Riley M. D.  
 Address 47 Lexington St  
 Remarks none

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 10<sup>th</sup> 1879
4. Place of Birth (Street and Number) 167 S Broadway
5. Full Name of Mother Anna Singlerwald
6. Mother's Maiden Name " Messling
7. Mother's Birthplace City
8. Full Name of Father Charles Singlerwald
9. Father's Occupation Letter
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz
- Address 245 Canton Ave
- Remarks

# RETURN OF A BIRTH.

32121

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth July 10<sup>th</sup> 1879

4. Place of Birth (Street and Number) 19 Williams St

5. Full Name of Mother M Williams

6. Mother's Maiden Name Obitz

7. Mother's Birthplace Baltimore

8. Full Name of Father Hugh McWilliams

9. Father's Occupation Produce Dealer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edw. J. McCreary

Address 279 N Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32122

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

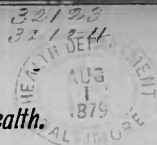


No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) Colored  
3. Date of Birth July 10 - 1879  
4. Place of Birth (Street and Number) 158 Hoffman St  
5. Full Name of Mother Mary Hooper  
6. Mother's Maiden Name \_\_\_\_\_  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Samuel Hooper  
9. Father's Occupation Waiter  
10. Father's Birthplace New Orleans  
Name of Medical Attendant, or other Person who makes this Return. J. E. Addison  
Address 223 Madison Av.  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd of 3rd (Living)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 10 - 1879

4. Place of Birth (Street and Number)

608 N. Fayette St.

5. Full Name of Mother

Emma Dobler

6. Mother's Maiden Name

Siebold

7. Mother's Birthplace

Berlin Pa.

8. Full Name of Father

John J. Dobler -

9. Father's Occupation

Sawyer

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

McKean M.D.

Address

87 Mulberry St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar afore-  
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child-  
 born, its or their physical condition, whether still born or not, the full name, nativity, and residence  
 the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39125

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth (Street and Number) \_\_\_\_\_
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this return \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32126

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth July 10<sup>th</sup>
4. Place of Birth (Street and Number) No. 197 Edmondson ave.
5. Full Name of Mother Alveta L. Strong
6. Mother's Maiden Name Phelps
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. P. Strong
9. Father's Occupation Engaver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Susan Hunter
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32127

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) White

3. Date of Birth July 10th 1874

4. Place of Birth (Street and Number) High St # 15

5. Full Name of Mother Mary R. Rohleder

6. Mother's Maiden Name Lorton

7. Mother's Birthplace Prussia Germany

8. Full Name of Father John R. Rohleder

9. Father's Occupation Saddler

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Rowell Kelly

Address 48 Hollander St

Remarks

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32198



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st

White

10<sup>th</sup> Jan

328 E. Eutan. St.

Emilia Smith

Stitzer

Baltimore

John Smith

Glass & S. House

Balt.

Mary Smith

328 E. Eutan. St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32129



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *born on the 10th of July 1899*
4. Place of Birth (Street and Number) *127 E. Lexington Road*
5. Full Name of Mother *Mrs. Becker*
6. Mother's Maiden Name *Mrs. Summerfield*
7. Mother's Birthplace *born in the City of Balto.*
8. Full Name of Father *Julius Becker*
9. Father's Occupation *Beach Roper*
10. Father's Birthplace *born in this City of Balto*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Miller*
- Address *1014 West Pratt St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32130

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

(8th)  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 10th 1879  
108 Central St

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary Ann McKinnis  
Mary Ann McQuillan

6. Mother's Maiden Name

7. Mother's Birthplace

Ireland

8. Full Name of Father

Henry McKinnis

9. Father's Occupation

Wagoner

10. Father's Birthplace

Sonsville, Ky

Name of Medical Attendant, or other Person who makes this Return.

Sam'l L. Howell

Address

1029 Asquith St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32131

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 10th 1879

4. Place of Birth (Street and Number)

43 Holladay Ave

5. Full Name of Mother

Laura Seldner

6. Mother's Maiden Name

Heck

7. Mother's Birthplace

Balt City

8. Full Name of Father

Lippman Seldner

9. Father's Occupation

Clothier

10. Father's Birthplace

Balt City

Name of Medical Attendant, or other Person who makes this Return.

S W Seldner

Address

512 Art Center Building Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

32132)

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

Second

1. Sex (state whether ~~Male~~ or Female).

Female

2. Race or Color (if not of the white race)

White

3. *Date of Birth*

July 11<sup>th</sup>, 1879

4. *Place of Birth (Street and Number)*

Appt 212 North Broadway

5. Full Name of Mother

Mrs. Julia Anna Dalgrymple

6. *Mother's Maiden Name*

Miss Julia Anna Paulding

7. *Mother's Birthplace*

Pathmore Ltd.

8. Full Name of Father

Mr. George Dalrymple

9. *Father's Occupation*

Calpene

10. Father's Birthplace

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

Herrn H. Fleudinen M.D.

*Address*

No. 102 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32133

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6)  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth Oct 11<sup>th</sup> 1899  
 4. Place of Birth (Street and Number) Cor. Pearl & National Sts.  
 5. Full Name of Mother Henrietta Emilia Buchheiser  
 6. Mother's Maiden Name Wencker  
 7. Mother's Birthplace Prussia Germany  
 8. Full Name of Father Mathias Buchheiser  
 9. Father's Occupation Pharmaker  
 10. Father's Birthplace Baden Germany  
 Name of Medical Attendant, or other Person who makes this Return. Amie Johnson (M.D.)  
 Address 138 Penna Avenue  
 Remarks \_\_\_\_\_

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32134-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

July 11. 1879

S. Trastelstr No 50

Anna Schutte

Schutte

Baltimore

John Schutte

Shoemaker

Baltimore

Wm Joh. Baugher

S. Trastelstr No 98

Midwife



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) C
3. Date of Birth July 11, 1879
4. Place of Birth (Street and Number) 115 Hunter St
5. Full Name of Mother Charlotte Reid
6. Mother's Maiden Name Johnson
7. Mother's Birthplace Cent Co. Md.
8. Full Name of Father Carry Reid
9. Father's Occupation Saloon
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. L. C. Gordon, M.D.
- Address 514 E. Broadway
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32136

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 18 1879*
4. Place of Birth (Street and Number) *434 N. Eager St.*
5. Full Name of Mother *Marcella Ruffel*
6. Mother's Maiden Name *Lehr*
7. Mother's Birthplace *Schlichter, Prussia*
8. Full Name of Father *John Ruffel*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Schlichter, Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Amie G. L. L. L.*
- Address *434 N. Eager St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32137

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 11<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *141 Mount Vernon Place*
5. Full Name of Mother *Alice S. Clendinen*
6. Mother's Maiden Name *Alice Shriver*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas R. Clendinen*
9. Father's Occupation *Attorney at Law*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *F. E. Chafford M.D.*
- Address *1114 Park Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth, of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second (2d)*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 11<sup>th</sup>, 1879*
4. Place of Birth (Street and Number) *No. 1 Broadway*
5. Full Name of Mother *Mrs. Julia A. Dalrymple*
6. Mother's Maiden Name *Miss Julia A. Saulsbury*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Mr. George Dalrymple*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. H. Cleindinen, M.D.*
- Address *No. 102 N. Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 11th 1879*

4. Place of Birth (Street and Number) *254 S. Piccadilly*

5. Full Name of Mother *Helen Barton*

6. Mother's Maiden Name *Helen Mitchell*

7. Mother's Birthplace *Paet. Mo*

8. Full Name of Father *Wm. A. Barton*

9. Father's Occupation *Va. n. s. r.*

10. Father's Birthplace *Paet. Mo*

Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH



To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *X 2d, in 11 d.*
1. Sex (state whether Male or Female) *Male, Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *July 11 d. 1879*
4. Place of Birth (Street and Number) *21 Little Gaysstr.*
5. Full Name of Mother *Marie Schacke*
6. Mother's Maiden Name *M. Reinhardt*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Friedrich Schacke*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germane*
- Name of Medical Attendant, or other Person who makes this Return. *M. R. Rudiger*
- Address *134 x Bondstr.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39.141



To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 11<sup>th</sup> 1877
4. Place of Birth (Street and Number) 1406 1/2 N. High St
5. Full Name of Mother Annalia Salzman
6. Mother's Maiden Name Annalia Kappel
7. Mother's Birthplace Germany
8. Full Name of Father Michael P. Salzman
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. Peter H. Hillgart
- Address. 140 1/2 N. Monument St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 1<sup>st</sup>*
4. Place of Birth (Street and Number) *Maternity 163 W. Lombard St.*
5. Full Name of Mother *Rebecca Schaffer*
6. Mother's Maiden Name
7. Mother's Birthplace *West Virginia*
8. Full Name of Father *Unknown*
9. Father's Occupation *1*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Brankham M.D.*
- Address *163 W. Lombard St.*
- Remarks *Mother and Child are doing well.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 11<sup>th</sup> 1879
4. Place of Birth (Street and Number) No. 4 Clarke Court
5. Full Name of Mother Henrietta Robinson
6. Mother's Maiden Name Henrietta Gasway
7. Mother's Birthplace Queen Anne's Co. Md.
8. Full Name of Father Leah H. Robinson
9. Father's Occupation Hostler
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return. Ellen Stubbs
- Address 42 Sharp St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 11<sup>th</sup>

4. Place of Birth (Street and Number) 325 Dallas St.

5. Full Name of Mother Rose Kaze.

6. Mother's Maiden Name Rose Albrick.

7. Mother's Birthplace Germany.

8. Full Name of Father August Albrick.

9. Father's Occupation laborer.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gibbeney Sauer

Address 143 Harford av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32145

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eighth*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 17<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *No. 18 Dover St. (Baltimore City)*  
 5. Full Name of Mother *Louise K. Dixon*  
 6. Mother's Maiden Name *Louise C. Ashley*  
 7. Mother's Birthplace *Clark County, Va.*  
 8. Full Name of Father *Joseph Dixon*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Fredrick County, Md.*  
 Name of Medical Attendant, or other Person who makes this Return *W. J. Lemmon*  
 Address *No. 435 W. McHenry St.*  
 Remarks *A. Fine. Baby*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 11th 1849*
4. Place of Birth (Street and Number) *11 S. Gay St*
5. Full Name of Mother *Louisa H. Haman*
6. Mother's Maiden Name *" " Gungor*
7. Mother's Birthplace *Franklin Pa*
8. Full Name of Father *H. W. Haman*
9. Father's Occupation *Grocer*
10. Father's Birthplace *Franklin*
- Name of Medical Attendant, or other Person who makes this Return *C. F. Butlerman*
- Address *44 Gay St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 11th 1879*
4. Place of Birth (Street and Number) *No. 79 Townsend Street*
5. Full Name of Mother *Lresa Clare Barry*
6. Mother's Maiden Name *Lresa Clare Murray*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Patrick J. Barry*
9. Father's Occupation *Plumber*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *J. P. C. Milton M.D.*
- Address *146 Park Avenue*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



32148

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether male or female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

*Female*  
*White*  
*Aug 11th 1872*  
*13. West St.*  
*Annabelle Fleckell*  
*Annabelle Fulton*  
*Baltimore, Md.*  
*John A. Fleckell*  
*Mail Car*  
*Baltimore, Md.*  
*Dr. J. M. Rice*  
*17 So. Broadway*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Perkin Willis*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Dec 11 1879*

4. Place of Birth (Street and Number) *197 Haffington St*

5. Full Name of Mother *Fluence Lee*

6. Mother's Maiden Name *Fluence Whitman*

7. Mother's Birthplace *Bra Chinnel*

8. Full Name of Father *Willis Lee*

9. Father's Occupation *Planter*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Bullock*

Address *121 W. Monument St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 11<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *17 Franklin St*
5. Full Name of Mother *Minnie George*
6. Mother's Maiden Name *Minnie Jenkins*
7. Mother's Birthplace *Kentucky*
8. Full Name of Father *Isaac O George*
9. Father's Occupation *Marine*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Millett*
- Address *121 W. Howard St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup> Child

1. Sex (state whether Male or Female)

Male,

2. Race or Color (if not of the white race)

White,

3. Date of Birth

July 11<sup>th</sup> 1879

4. Place of Birth (Street and Number)

57 1/2 Lee St.

5. Full Name of Mother

Kate Byrd,

6. Mother's Maiden Name

" Fletcher,

7. Mother's Birthplace

Balto. City,

8. Full Name of Father

Jas. E. Byrd,

9. Father's Occupation

Treasurer Maryland Steamboat Co.

10. Father's Birthplace

Balto. City,

Name of Medical Attendant, or other Person who makes this return

R. J. H. Tall, M.D.,  
152 Sharp St.

Address ..

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup> child.

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

3. Date of Birth

11 July.

4. Place of Birth (Street and Number)

No 55 Molloy St.

5. Full Name of Mother

Kate. Skinner.

6. Mother's Maiden Name

" " Yocheil.

7. Mother's Birthplace

Hershan

8. Full Name of Father

John Skinner.

9. Father's Occupation

Lager Beer Saloon

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this Return.

A. Lindner

Address

No 45 Monroe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32153

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 11 1879
4. Place of Birth (Street and Number) 78 Burgundy ally,
5. Full Name of Mother Sarah Moor
6. Mother's Maiden Name Sarah Moor
7. Mother's Birthplace Easton Shore Virginia
8. Full Name of Father Not Known
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return, Sarah Thomas
- Address 11 Burgundy ally
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32154-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6. th*  
1. Sex (state whether male or female) *female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 12. 1879*  
4. Place of Birth (Street and Number) *No 109. Hollen St.*  
5. Full Name of Mother *Mary Stone*  
6. Mother's Maiden Name *Mary Endesly.*  
7. Mother's Birthplace *London*  
8. Full Name of Father *Thomas Stone*  
9. Father's Occupation *Plasterer.*  
10. Father's Birthplace *London.*  
Name of Medical Attendant, or other Person who makes this Return. *Messrs M. A. Burt.*  
Address *No 185 P. E. cor. Central ex. W. Monument. St.*  
Remarks *Well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32153  
32156

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh* *Eight*
1. Sex (state whether male or female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 12<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *#35 Cottage St.*
5. Full Name of Mother *Mary Faber.*
6. Mother's Maiden Name *Mary Hewitt.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Conrad Lohr.*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Prof. Wm. W. W.*
- Address *5 S. Carroll St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



32157

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

July 12. 1877  
Fayette St No 393  
Margaretta Frutiger  
Susan

Baltimore  
Friedrich Frutiger  
Schuhmacher

Baltimore  
Wm. F. B. Bausch  
L. Walp's No 28

unmarried

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

52158

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 14, 1879*
4. Place of Birth (Street and Number) *5th Saratoga St*
5. Full Name of Mother *Mary Edith Brooks*
6. Mother's Maiden Name *M. E. Harrigan*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Geo. W. Brooks*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Leverson D. J. G. G. G.*
- Address *1226 N. Linnick St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32159

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 12 July 1879
4. Place of Birth (Street and Number) 80 Washington St
5. Full Name of Mother Luise Schneider
6. Mother's Maiden Name Meier
7. Mother's Birthplace U S
8. Full Name of Father Jacob Schneider
9. Father's Occupation Driver
10. Father's Birthplace U S
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32160



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *12<sup>th</sup> July 1879*
4. Place of Birth (Street and Number) *82 York st*
5. Full Name of Mother *Kate Daugherty*
6. Mother's Maiden Name *Marian*
7. Mother's Birthplace *Balt Ireland*
8. Full Name of Father *John Daugherty*
9. Father's Occupation *Huckster*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *H. W. Melstet M.D.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 12<sup>th</sup> July 1879
4. Place of Birth (Street and Number) 59 Barrett
5. Full Name of Mother Mary Jones
6. Mother's Maiden Name Mary Stevens
7. Mother's Birthplace Dorchester Co Md
8. Full Name of Father Eugene Jones
9. Father's Occupation Clerk
10. Father's Birthplace Dorchester Co, Md
- Name of Medical Attendant, or other Person who makes this Return. H. W. Webster M.D.
- Address 57 Barrett
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32162

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 12 1879*
4. Place of Birth (Street and Number) *N 1 Wine Alley*
5. Full Name of Mother *Annie Murray*
6. Mother's Maiden Name *Annie Welsh*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *Michael Murray*
9. Father's Occupation *Restaurant*
10. Father's Birthplace *County Mayo Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. H. H. M.D.*
- Address *N 114 Park Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

W

3. Date of Birth

12<sup>th</sup> July 79

4. Place of Birth (Street and Number)

155 Battery Avenue

5. Full Name of Mother

Susanah E Drury

6. Mother's Maiden Name

" " Folger

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm A Drury

9. Father's Occupation

Pilot

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A M Dodge M.D.

Address

207 H. Street N.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- 32164
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (13th) Thirteenth
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 12<sup>th</sup> 1879.
4. Place of Birth (Street and Number) #12 Pleasant Alley.
5. Full Name of Mother Mary Fritz Scheifer
6. Mother's Maiden Name Mary Fritz
7. Mother's Birthplace Germany
8. Full Name of Father John Scheifer
9. Father's Occupation Cooper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Mary G Simms
- Address # 171 Washington Str.
- Remarks F.P.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32163



To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 12<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *319 E. Chase*

5. Full Name of Mother *Mary E. McLaughlin*

6. Mother's Maiden Name

7. Mother's Birthplace *Balt.*

8. Full Name of Father *Daniel McLaughlin*

9. Father's Occupation *Shoe manufac.*

10. Father's Birthplace *Balt.*

Name of Medical Attendant, or other Person who makes this Return. *J. M. D. Bates, M.D.*

Address *1 1/2 S. Exeter St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 8
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 12 1879
4. Place of Birth (Street and Number) 24 East Biddle St
5. Full Name of Mother John P. Brown
6. Mother's Maiden Name Catharine Rinth
7. Mother's Birthplace Baltimore
8. Full Name of Father Catharine Brown
9. Father's Occupation Housekeeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Louisa Overton
- Address No 10 Wolf St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32167



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

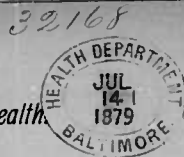
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth July 12 1879
4. Place of Birth (Street and Number) 23 Green St
5. Full Name of Mother Ellen E Linthicum
6. Mother's Maiden Name Ellen E Fowler
7. Mother's Birthplace Baltimore
8. Full Name of Father William H Linthicum
9. Father's Occupation engraver
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this return Mary Conner 158
- Address Collington avenue
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 27th July 1879
4. Place of Birth (Street and Number) No. 11 North Chapel Street
5. Full Name of Mother May Graham
6. Mother's Maiden Name May Craft
7. Mother's Birthplace Germany
8. Full Name of Father John Craft
9. Father's Occupation Lawyer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Resident Physician
- Address No. 11 North Chapel Street
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

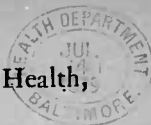


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 12 July 1879
4. Place of Birth (Street and Number) 96 Register St
5. Full Name of Mother Therese Schneider
6. Mother's Maiden Name Matus
7. Mother's Birthplace N Y
8. Full Name of Father Heinrich Schneider
9. Father's Occupation workingman
10. Father's Birthplace N Y
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 E Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32170



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 11th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *12th of July 1887*
4. Place of Birth (Street and Number) *107 75th West Baltimore St*
5. Full Name of Mother *Annies Dinges*
6. Mother's Maiden Name *Annies Mayer Pranz*
7. Mother's Birthplace *City of Balto.*
8. Full Name of Father *John Dinges*
9. Father's Occupation *Store Keeper*
10. Father's Birthplace *born in Darmstadt Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs Miller*
- Address *107 75th West Baltimore St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Saturday July 12th 1879

4. Place of Birth (Street and Number) 116 St. James St

5. Full Name of Mother Jenna E. Turner

6. Mother's Maiden Name Prosser

7. Mother's Birthplace Baltimore

8. Full Name of Father Edw. Turner

9. Father's Occupation Agent of Goods

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. C. B. Dyer

Address 569 Lombard St

Remarks Living Well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32172

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Saturday, July 12, 1879

4. Place of Birth (Street and Number)

12 South Chappel st.  
Mary Lizzie Bowling

5. Full Name of Mother

Elizabeth Snow

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

W. Bowling

8. Full Name of Father

Monster

9. Father's Occupation

Baltimore

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Wife / Mother

Address

145 S. Charles street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32173

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether male or female)

boy.

2. Race or Color (if not of the white race)

3. Date of Birth

13. of July.

4. Place of Birth (Street and Number)

348.

Sharpe Street.

5. Full Name of Mother

Elizabeth Benner.

6. Mother's Maiden Name

Elizabeth Funk.

7. Mother's Birthplace

Germany.

8. Full Name of Father

William Benner.

9. Father's Occupation

Sailor.

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this Return.

Jefferson Hines

Address

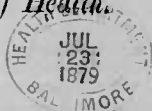
8. Lane street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 13th July 1879
4. Place of Birth (Street and Number) W. 1st St. 193.
5. Full Name of Mother Minna Wessner
6. Mother's Maiden Name " "
7. Mother's Birthplace Germany
8. Full Name of Father John Wessner
9. Father's Occupation Labourer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. M. Skofitch
- Address 69 Washington St
- Remarks Mary Skofitch

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White Race
3. Date of Birth 13th July 1879
4. Place of Birth (Street and Number) Baltimore Chapple st 104
5. Full Name of Mother Mary Telenowsky
6. Mother's Maiden Name Mary Beran
7. Mother's Birthplace Bohemia
8. Full Name of Father James Telenowsky
9. Father's Occupation Tailor
10. Father's Birthplace Bohemia
- Name of Medical Attendant, or other Person who makes this Return. Mary Hopfisch
- Address 69 Washington st
- Remarks Mary Hopfisch



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32176

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 13<sup>th</sup> July 1879

4. Place of Birth (Street and Number) Duncan Alley S 11

5. Full Name of Mother Barbara Jarouschke

6. Mother's Maiden Name Barbara Fuchs

7. Mother's Birthplace Bohemia

8. Full Name of Father Frank Jarouschke

9. Father's Occupation Laborer

10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Knapp

Address 69 Washington St

Remarks She is healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32177

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child female*
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13 July*
4. Place of Birth (Street and Number) *42 Washington Road*
5. Full Name of Mother *Mrs Ida H. Mental*
6. Mother's Maiden Name *Ida Howard*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *George Mental*
9. Father's Occupation *Brickmaker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Kearing*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32178

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 13th 1879

4. Place of Birth (Street and Number)

232 N. Charles Street

5. Full Name of Mother

Julia McKeay Buchanan

6. Mother's Maiden Name

Julia Perkins McKeay

7. Mother's Birthplace

Macon Georgia

8. Full Name of Father

Wm. McMechen Buchanan

9. Father's Occupation

Rail Roading

10. Father's Birthplace

Near Wheeling - N. Va.

Name of Medical Attendant, or other Person who makes this Return.

H. P. C. Wilson M.D.

Address

146 Park Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 13 July
4. Place of Birth (Street and Number) 103 G. St.
5. Full Name of Mother Sara Davies
6. Mother's Maiden Name Middleton
7. Mother's Birthplace Baltimore
8. Full Name of Father John Davies
9. Father's Occupation Ice Dealer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Simon
- Address 200 7th Greenby Street
- Remarks \_\_\_\_\_

Fill any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female  
July 13<sup>th</sup>  
2. Federal St.  
Elizabeth Tack  
Langston  
Baltimore  
Wm. A. Tack  
Clerk  
Germany  
Haber Chien  
386 W. Monument St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother; (state whether 1st, 2d, 3d, &c.)...

3<sup>th</sup>

1. Sex (state whether Male or Female)...

Female

2. Race or Color (if not of the white race)...

White

3. Date of Birth...

July 13, 1879.

4. Place of Birth (Street and Number)...

No 20 Charles st

5. Full Name of Mother...

Maggie Ott

6. Mother's Maiden Name...

Maggie Easter

7. Mother's Birthplace...

Baltimore

8. Full Name of Father...

Philip Ott

9. Father's Occupation...

Tobacco Works

10. Father's Birthplace...

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catharine Horner

Address

No-106 West st

Remarks

I am any physician, accountant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 15<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Baltimore No. 1000 E. Street*
5. Full Name of Mother *Maggie Murray*
6. Mother's Maiden Name *Maggie Greig*
7. Mother's Birthplace *Manchester, N.H.*
8. Full Name of Father *John M. Murray*
9. Father's Occupation *House Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Alena Holligant*
- Address *No. 1800 E. Baltimore St.*
- Remarks



Not any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 13th 1879*

4. Place of Birth (Street and Number) *Maternity 143 Lombard St*

5. Full Name of Mother *Mary Smith*

6. Mother's Maiden Name *"*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *Unknown*

9. Father's Occupation *Unknown*

10. Father's Birthplace *Unknown*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Frankham M.D.*

Address *16 W. Lombard St*

Remarks *Mother and child doing well*

and only physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child. within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 13. 1879

4. Place of Birth (Street and Number) 108 S. Wolf St

5. Full Name of Mother Elizabeth Wiseman

6. Mother's Maiden Name Miller

7. Mother's Birthplace Baltimore

8. Full Name of Father John F. Wiseman

9. Father's Occupation Driver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Overton

Address 10 Wolf St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32186



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

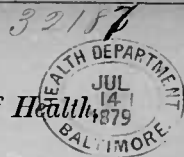
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1  
1. Sex (state whether Male or Female) M  
2. Race or Color (if not of the white race) W  
3. Date of Birth July 13. 79  
4. Place of Birth (Street and Number) 326 S. Charles  
5. Full Name of Mother Katharina Volke  
6. Mother's Maiden Name Kramer  
7. Mother's Birthplace Germany  
8. Full Name of Father Christian Volke  
9. Father's Occupation Dealer in Shoes Hats &c  
10. Father's Birthplace Germany  
Name of Medical Attendant, or other Person who makes this Return. D. L. Muesel  
Address 154 Sharp  
Remarks Child premature - about 7 1/2 mo.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 10 1879*
4. Place of Birth (Street and Number) *35 Fountain St.*
5. Full Name of Mother *Mary Ann Sanford*
6. Mother's Maiden Name *Mary Ann Roberts*
7. Mother's Birthplace *England*
8. Full Name of Father *Samuel E. Sanford*
9. Father's Occupation *House Painter*
10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32188

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*
1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July the 13. 1879*
4. Place of Birth (Street and Number) *S. Eubank St. No 170.*
5. Full Name of Mother *Auguste Tesch*
6. Mother's Maiden Name *Auguste Fischer*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *George Tesch*
9. Father's Occupation *Baker*
10. Father's Birthplace *Oberberg. Gr. Hesson. Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Müller*
- Address *N. Dallas St. No 26.*
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39189  
HEALTH DEPARTMENT  
JUL 19 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup> Child*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race)  
3. Date of Birth *July 13<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *6<sup>th</sup> 85 Leadenhall st*  
5. Full Name of Mother *Anna Arnold*  
6. Mother's Maiden Name *Schmidt*  
7. Mother's Birthplace *America*  
8. Full Name of Father *Henry Arnold*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Germany*  
Name of Medical Attendant, or other Person who makes this Return. *J. Schwasser midwife*  
Address *330 Hanover st*  
Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) Color
3. Date of Birth 13 June
4. Place of Birth (Street and Number) 181 York street
5. Full Name of Mother Jane Tailor
6. Mother's Maiden Name Jane Blotson
7. Mother's Birthplace Colvert count
8. Full Name of Father John Blotson
9. Father's Occupation tailor
10. Father's Birthplace A for pine country
- Name of Medical Attendant, or other Person who makes this Return. Milly Gross
- Address 181 York street
- Remarks

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32191

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



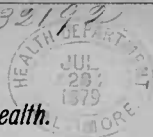
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 19<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *228 Regent St*
5. Full Name of Mother *Christian Mark Bullitykin*
6. Mother's Maiden Name *Christian Mark*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Michael Bullitykin*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Quinn*
- Address *# 171 E. Market St*
- Remarks



Every physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child.*  
1. Sex (state whether Male or Female) *Female.*  
2. Race or Color (if not of the white race) *White.*  
3. Date of Birth *July 14<sup>th</sup> 1879.*  
4. Place of Birth (Street and Number) *307 W. Lombard St.*  
5. Full Name of Mother *Annie B. Melner.*  
6. Mother's Maiden Name *Annie B. Deiser.*  
7. Mother's Birthplace *Washington D.C.*  
8. Full Name of Father *J. Frank Melner.*  
9. Father's Occupation *R. Road Conductor*  
10. Father's Birthplace *Baltimore.*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. J. Russell M.D.*  
Address *227 Carroll St.*  
Remarks *Child small but Healthy.*

and after delivery, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32193

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Jan 14, 1879  
South Wolfstr No 32  
unmarried  
Gonowenna Strach  
Baltimore  
Peter Conner  
Clerman  
Baltimore  
Wm. Johann Brunsbach  
S. Wolfstr No 28  
midwife

1. If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32194

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 14th 1879*
4. Place of Birth (Street and Number) *32 Wyeth St.*
5. Full Name of Mother *Mary A. Cunningham*
6. Mother's Maiden Name *Pennington*
7. Mother's Birthplace *Balto. Cty.*
8. Full Name of Father *Thos. A. Cunningham*
9. Father's Occupation *Cigar Maker*
10. Father's Birthplace *Richmond Va.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. High, M.D.*
- Address *231 Barr*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32195

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

14 July 1879

4. Place of Birth (Street and Number)

10 Lloyd St.

5. Full Name of Mother

Mathilda Stahl

6. Mother's Maiden Name

Appel

7. Mother's Birthplace

N. P.

8. Full Name of Father

William Stahl

9. Father's Occupation

Inspector of Customs

10. Father's Birthplace

N. P.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sara Casper

Address

52 E. Lombard St.

Remarks



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32197

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *American White*
3. Date of Birth *14th of July 1877*
4. Place of Birth (Street and Number) *2d house on Randall St*
5. Full Name of Mother *Agailia Henry Benson*
6. Mother's Maiden Name *Agailia Henry Williams*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Levi Benson Jr*
9. Father's Occupation *Paperhanger*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Spencer*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32198

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth July 14th 1879
4. Place of Birth (Street and Number) Asquith St No 107
5. Full Name of Mother Sarah M. Miller
6. Mother's Maiden Name Poland
7. Mother's Birthplace Poland
8. Full Name of Father Haris Micnic
9. Father's Occupation Bookkeeper
10. Father's Birthplace Poland
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ulvog
- Address 48 Holland St
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32199

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White race
3. Date of Birth July 14<sup>th</sup> 1879
4. Place of Birth (Street and Number) Washington St 83
5. Full Name of Mother Margaret Shuck
6. Mother's Maiden Name Old
7. Mother's Birthplace Baltimore
8. Full Name of Father William Shuck
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. H. H. H.
- Address 48 N. E. and St.
- Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

32200

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 14<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *Balto. County Md*  
 5. Full Name of Mother *Julia S. Thomson*  
 6. Mother's Maiden Name *Julia S. Maynard*  
 7. Mother's Birthplace *Illinois*  
 8. Full Name of Father *Squatinus Davis Thomson*  
 9. Father's Occupation *Physician*  
 10. Father's Birthplace *Maryland*  
 Name of Medical Attendant, or other Person who makes this Return. *J. D. Thomson*  
 Address *187 W. Biddle St.*  
 Remarks *Child perfectly formed and healthy, weighed 9  $\frac{1}{4}$  lbs. at birth.*

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 14 of July
4. Place of Birth (Street and Number) 52 Erie
5. Full Name of Mother Mary Kiermier
6. Mother's Maiden Name Mary Alandinger
7. Mother's Birthplace Baltimore
8. Full Name of Father William Kiermier
9. Father's Occupation Ship Smith
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley
- Address No 12 Patterson Park No
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 11, 1879

4. Place of Birth (Street and Number) 215 Harrison St -

5. Full Name of Mother Alice Gardiner

6. Mother's Maiden Name " Stanley

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm. J. Gardiner

9. Father's Occupation Iron Business

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edw. Davis

Address 280 Monument St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *April 14 1879*
4. Place of Birth (Street and Number) *96 Eager St.*
5. Full Name of Mother *Emilie E. Hansen*
6. Mother's Maiden Name *Emilie E. Hudson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Albert Hansen*
9. Father's Occupation *waterman*
10. Father's Birthplace *Norway*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Charles W. Garrett*
- Address *65 Eager St.*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

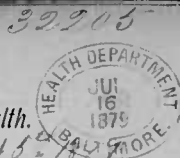
2<sup>sd</sup>  
Female  
White  
July 14. 1879  
No 153 Cross st  
Francis Litz  
Francis Kaiser  
Baltimore  
George Litz  
Cooper  
Baltimore  
Catherine Horner  
No 106 West st

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 14<sup>th</sup> 1879.*

4. Place of Birth (Street and Number) *32, South Bond St.*

5. Full Name of Mother *Mary Walter*

6. Mother's Maiden Name *Mary Groom*

7. Mother's Birthplace *America*

8. Full Name of Father *John Walter*

9. Father's Occupation *Carman*

10. Father's Birthplace *America*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary H. and.*

Address *167 South Wolfe St*

Remarks *— HV*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the sex of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY. July 15



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 14<sup>th</sup> 1879

4. Place of Birth (Street and Number) 268 Gordon St

5. Full Name of Mother Minnie Robinson

6. Mother's Maiden Name Minnie Larr

7. Mother's Birthplace America

8. Full Name of Father John Robinson

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return.

Address 122 South Wolfe St

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 14th 1879*
4. Place of Birth (Street and Number) *Corner of Calvert & Mulberry*
5. Full Name of Mother *Mrs. Campbell*
6. Mother's Maiden Name *Lewis*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Bernard J. Campbell*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Geo B Reynolds*
- Address *45 N. Calvert St*
- Remarks



With any physician, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32208

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth July 14th 1879  
4. Place of Birth (Street and Number) 152 Stirling Street  
5. Full Name of Mother Caroline Skimmell  
6. Mother's Maiden Name Snodgrass  
7. Mother's Birthplace Baltimore City  
8. Full Name of Father Adam Skimmell  
9. Father's Occupation Sailor  
10. Father's Birthplace Davaria Germany  
Name of Medical Attendant, or other Person who makes this Return. S. W. Sedgwick  
Address 520 E. Carey St. (Caroline Skimmell)  
Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *White*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 15<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Am. Iron Bldg. Corner*
5. Full Name of Mother *Maria Eliza Wilkes*
6. Mother's Maiden Name *Maria Eliza*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Michael Wilkes*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary E. Lewis*
- Address *#141 Washington St*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32210

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 13<sup>th</sup> 79*
4. Place of Birth (Street and Number) *Central Ave*
5. Full Name of Mother *Ida M. Hutton*
6. Mother's Maiden Name *Ida M. Lockman*
7. Mother's Birthplace
8. Full Name of Father *Geo Hutton*
9. Father's Occupation *Porter*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Anna Campbell*
- Address *No 9 Union Alley*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Girl

White

July 15 1879

340 South Bond St.

Crosby Barensticker

Crosby Mitchell

Baltimore

Henry Barensticker

Barber

Baltimore

Mrs. Louisa Smith

The child is healthy

Name of child Elizabeth, Calitha

Barensticker

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 d.*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *July 15<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *36 Ma. Est. str.*
5. Full Name of Mother *Sophie Schnebel*
6. Mother's Maiden Name *L. Herbst.*
7. Mother's Birthplace *German*
8. Full Name of Father *Daniel Schnebel*
9. Father's Occupation *Paster*
10. Father's Birthplace *German*
- Name of Medical Attendant, or other Person who makes this Return. *Marie R. Rudiger*
- Address *134 N. Bond str.*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39213

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 15 1879*
4. Place of Birth (Street and Number) *Park St*
5. Full Name of Mother *Edw. Machy*
6. Mother's Maiden Name *E. J. Housh*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Melcher Machy*
9. Father's Occupation *Beer Brewer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Halliday*
- Address *No 182 E Monument St*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

322151

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth child first born*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *15 July*
4. Place of Birth (Street and Number) *563 1/2 Hanover St Baltimore*
5. Full Name of Mother *Jennie Francis Schaub*
6. Mother's Maiden Name *Jennie Francis Snapp*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Schaub*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return. *None*
- Address *4 West 1st St*
- Remarks



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

22215

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

15 July 1879

4. Place of Birth (Street and Number)

885 Mt Pleasant St

5. Full Name of Mother

Sabina Kling

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

J B Kiss

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Ann Lavalier 60 Lehigh St

Remarks



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32216

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth July 15<sup>th</sup> 1879
4. Place of Birth (Street and Number) 7 Mc Elroy St 21
5. Full Name of Mother Louise Richardson
6. Mother's Maiden Name " Paulson
7. Mother's Birthplace Balto Md
8. Full Name of Father Lewis Richardson
9. Father's Occupation Box maker
10. Father's Birthplace Balto Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Pollock
- Address 4 S. Hollander St
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32217



To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY. July 16 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 15th 1879*
4. Place of Birth (Street and Number) *143 Bank St.*
5. Full Name of Mother *Josephine Schmuckhard*
6. Mother's Maiden Name *Josephine Forstlich*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Charles Schmuckhard*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Amend*
- Address *10 South Wolfe St*
- Remarks *CA*

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32218

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> child*

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July, the 15, 1879.*

4. Place of Birth (Street and Number) *Harford Av. No 381.*

5. Full Name of Mother *Katharine Müller*

6. Mother's Maiden Name *Katharine Schmieg*

7. Mother's Birthplace *Taashausen, W. Wurtemberg, Germany*

8. Full Name of Father *Ludwig A. Müller*

9. Father's Occupation *Butcher*

10. Father's Birthplace *Kassel, Gr. Hessen, Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*

Address *N. Dallas St. No 26.*

Remarks

# RETURN OF A BIRTH.

32919

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child  
 State whether male or female Male  
 or Color (if not of the white race) White  
 of Birth 15th of July  
 of Birth (Street and Number) Holliday st 36  
 Name of Mother Jane Dugan McKeen  
 's Maiden Name Dugan  
 's Birthplace Ireland  
 Name of Father Patrick McKeen  
 's Occupation Laborer  
 's Birthplace Ireland  
 of Medical Attendant, or other Person who makes this Return. Mrs. Guy  
 113 north Eden st

# RETURN OF A BIRTH.

32220

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of Mother (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

whether Male or Female

Male

Color (if not of the white race)

White

Birth

13th July 1879

Birth (Street and Number)

Ridgely St. no number to the house

ne of Mother

Mary Elizabeth Stoneman

Maiden Name

11 Baltimore Portburger

Birthplace

Baltimore Md

ne of Father

Edward Stoneman

Occupation

Hotel Keeper

Birthplace

Baltimore Md

Medical Attendant, or other Person who makes this Return.

W. R. M. C. M. M. D.  
582 N. Fayette Street

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *male female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *15 July*
4. Place of Birth (Street and Number) *63 Cherry St*
5. Full Name of Mother *Mary Cathol Scott*
6. Mother's Maiden Name
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Wilby Gross*
- Address *181 York St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 15 July
4. Place of Birth (Street and Number) 68 Jasper St
5. Full Name of Mother Elizabeth Williams
6. Mother's Maiden Name Garner
7. Mother's Birthplace Port Tobacco
8. Full Name of Father Thomas Williams
9. Father's Occupation Teamster
10. Father's Birthplace Back River Neck
- Name of Medical Attendant, or other Person who makes this Return Amelia J. Schirmer
- Address No 7 Forrest Place
- Remarks

THE REGISTERS, ACCOUCHERS, MIDWIVES, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32223

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Colored  
15 July

3. Date of Birth

4. Place of Birth (Street and Number)

184 Raborg St  
Scholote, Housersey

5. Full Name of Mother

6. Mother's Maiden Name

Scholarote Bruce

7. Mother's Birthplace

West minister Maryland  
Henry Housersey

8. Full Name of Father

9. Father's Occupation

carpenter  
barra county

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Mary Jane Richardson  
No 112 12 Dover St

Address

Remarks

fine healthy baby and the mother is doing well



That any physician, accouchieur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

322211

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 15<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No 49 Saint Marys Street*
5. Full Name of Mother *Annie York*
6. Mother's Maiden Name *Annie Harris*
7. Mother's Birthplace *Richmond Virginia*
8. Full Name of Father *Charles Franklin York*
9. Father's Occupation *Garb*
10. Father's Birthplace *Norrise town, N.Y.*
- Name of Medical Attendant, or other Person who makes this Return. *Ellen Strick*
- Address *No 49 Saint Marys Street*
- Remarks *No 42 Sharp Street Alley*

# RETURN OF A BIRTH.

32225

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(state whether Male or Female)

Race or Color (if not of the white race)

Date of Birth

Place of Birth (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Female

White

July the 15

Washington St-61

Jennie C. Wilson

Jennie C. Wilson

Dorchester County

Henry Wilson

Captain

Scotland

Mrs. Catharine W. Davis

No. 6 Charles St

Free Child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32226

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

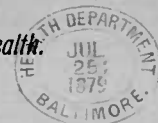


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *no child 5.*
1. Sex (~~state whether Male or Female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth *July 15<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Barnes St 63.*
5. Full Name of Mother *Georgianna Harford*
6. Mother's Maiden Name *Fredrick*
7. Mother's Birthplace *Baltimore Co Md*
8. Full Name of Father *Charles Dallis Harford*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. H. Mayney M.D.*
- Address *18 Disgriff St Balt.*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Kind*
1. Sex (state whether Male or Female) *Mädchen*
2. Race or Color (if not of the white race) *Weiß*
3. Date of Birth *geboren den 16<sup>ten</sup> July*
4. Place of Birth (Street and Number) *N<sup>o</sup> 374 S. Doullos Str*
5. Full Name of Mother *Mari Hammiling*
6. Mother's Maiden Name *Mari Wolff*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Fritz Hammiling*
9. Father's Occupation *Handarbeiter*
10. Father's Birthplace *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address *N<sup>o</sup> 197 S. Doullos Str*
- Remarks *Hanne*

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32228

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> child  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth 7<sup>th</sup> Mo. 16<sup>th</sup> 1879.  
4. Place of Birth (Street and Number) 563 N Carey St  
5. Full Name of Mother Maria Kerr  
6. Mother's Maiden Name Maria Stewart  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Andrew Kerr  
9. Father's Occupation Teacher  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. W. Riley  
Address 47 Lexington St  
Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32229

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth July 16 1879
4. Place of Birth (Street and Number) Corner Lombard & Dallas St.
5. Full Name of Mother Anna Frank
6. Mother's Maiden Name Breuning
7. Mother's Birthplace Germany
8. Full Name of Father Friedrich Wm Frank
9. Father's Occupation Shoe-keeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary Stein
- Address 151 E Pratt.
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32230

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 16th July 1879
4. Place of Birth (Street and Number) 69 Pennsylvania Ave.
5. Full Name of Mother E. C. Mary Behenberger
6. Mother's Maiden Name Mueller
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Jacob Behenberger
9. Father's Occupation Salon Keeper
10. Father's Birthplace Germania
- Name of Medical Attendant, or other Person who makes this Return. Annie Mesenreich (mid)
- Address 138 Penna Ave
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32231



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7. d.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *July 16<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *Battery St. No. 118.*
5. Full Name of Mother *Mary A. Byars.*
6. Mother's Maiden Name *Mary A. Robinson.*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *John W. Byars.*
9. Father's Occupation *Engineer.*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Thomas Beane.*
- Address *No. 114 Battery St.*
- Remarks \_\_\_\_\_



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 16 1879*
4. Place of Birth (Street and Number) *No 2248 Bazaar St*
5. Full Name of Mother *Hellen Kerner*
6. Mother's Maiden Name *Hellen Hoffmann*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Geo Kerner*
9. Father's Occupation *Painter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. H. H.*
- Address *No 182 E Monument St*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32233

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *16. July 1879*
4. Place of Birth (Street and Number) *No 170 Scott St.*
5. Full Name of Mother *Menna May*
6. Mother's Maiden Name *Menna Diker*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *John Thomas May*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Bartholomew King*
- Address *5 S. on Suffolk St.*
- Remarks



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32234

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2d~~
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *16<sup>th</sup> of July.*
4. Place of Birth (Street and Number) *Baltimore No 222 Fremont Str*
5. Full Name of Mother *Hannah Lauffe*
6. Mother's Maiden Name *Hannah Miller*
7. Mother's Birthplace *Bremen, Germany.*
8. Full Name of Father *George F. Lauffe*
9. Father's Occupation *Wood Carver.*
10. Father's Birthplace *Wurtemberg, Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Minck*
- Address *No 8 Leadinckell. Street*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32235

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 15 1879

4. Place of Birth (Street and Number)

No 267 S. Mall St

5. Full Name of Mother

Louisa Gill

6. Mother's Maiden Name

Louisa Sadler

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George W. Gill

9. Father's Occupation

Fish Dealer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Atwell

Address

286 W. Tenth St

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32236

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 16 1879*
4. Place of Birth (Street and Number) *No. 303 Orleans St*
5. Full Name of Mother *Anna C. Hutton*
6. Mother's Maiden Name *Anna C. Collier*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Hutton*
9. Father's Occupation *Salesman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Allwell*
- Address *186 N. Trench St*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

White.

3. Date of Birth

July 16, 1879.

4. Place of Birth (Street and Number)

299 E. Pratt St.

5. Full Name of Mother

Mary Eliza Skinner

6. Mother's Maiden Name

Mary Eliza Trappes.

7. Mother's Birthplace

Maryland

8. Full Name of Father

Alexander R. Skinner

9. Father's Occupation

Sea Captain

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

J. H. Honeck

Address

75 E. Beer St.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32231

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

16 July 1879

16 Market Place

Marie Polrang  
Germany

Mrs. Sara Casper  
52 E. Lombard St

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39230

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex (state whether male or female) son.
2. Race or Color (if not of the white race) white.
3. Date of Birth July 16 - 1879.
4. Place of Birth (Street and Number) Piers St. No 105
5. Full Name of Mother Wadleigh
6. Mother's Maiden Name Schubert
7. Mother's Birthplace Baltimore
8. Full Name of Father Georg Wadleigh
9. Father's Occupation Schumacher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherine Barlage
- Address Schuil and Moser Bldg
- Remarks

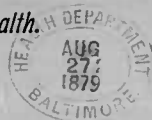


advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32240

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

16<sup>th</sup> Feb. 1879

4. Place of Birth (Street and Number)

477 E. Baltimore

5. Full Name of Mother

Mary Higgins

6. Mother's Maiden Name

Mary Higgins

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Higgins

9. Father's Occupation

Labrador

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Margaret A. Richmond

Address

185 L. E. St.

Remarks

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32,241

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) \_\_\_\_\_

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return.

Address \_\_\_\_\_

Remarks \_\_\_\_\_

Female

White

16<sup>th</sup> July

420 Lexington St. Balto.

Elizabeth Day  
Housewife

Balto.

Edward  
Painter

Balto.

162<sup>nd</sup> Hunter

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32242

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 16 1879*
4. Place of Birth (Street and Number) *N 85 Cathedral St*
5. Full Name of Mother *Amelia Moreira de Paiva de Souza*
6. Mother's Maiden Name *Amelia Moreira de Paiva*
7. Mother's Birthplace *South Rio Grande Brazil*
8. Full Name of Father *Sully de Souza*
9. Father's Occupation *Brazilian Consul*
10. Father's Birthplace *South Rio Grande Brazil*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. H. H. M.D.*
- Address *N 114 Park Ave*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *16 of August - July*
4. Place of Birth (Street and Number) *No 155 Chestnut St*
5. Full Name of Mother *Laura Hamilton*
6. Mother's Maiden Name *Laura Engle*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Hamilton*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*
- Address *No 12 Patterson Park*
- Remarks

advise at the birth of any child. within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex (state whether Male or Female) ..  
2. Race or Color (if not of the white race)  
3. Date of Birth ..  
4. Place of Birth (Street and Number) ..  
5. Full Name of Mother ..  
6. Mother's Maiden Name ..  
7. Mother's Birthplace ..  
8. Full Name of Father ..  
9. Father's Occupation ..  
10. Father's Birthplace ..

Name of Medical Attendant, or other Person who makes this Return.

Address ..

Remarks ..

8th  
male  
white  
July 16<sup>th</sup> 1879  
1774 S. Charles St.  
Laura Hampton  
Laura Miller  
Baltimore Md  
Jno. C. Hampton  
Salesman  
Maryland  
Theodore C. C. in S.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth July 16<sup>th</sup> 1879
4. Place of Birth (Street and Number) 15272 Montross St
5. Full Name of Mother Emma Roth
6. Mother's Maiden Name Stuch
7. Mother's Birthplace Prussia
8. Full Name of Father William Roth
9. Father's Occupation Glass Cutter
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mary Roth
- Address 325 S. Euter St.
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

32246



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 16th 1879*
4. Place of Birth (Street and Number) *411 Sharp st.*
5. Full Name of Mother *Ellen Thompson*
6. Mother's Maiden Name *Hooks*
7. Mother's Birthplace *America*
8. Full Name of Father *Friedrich Thynne*
9. Father's Occupation *Photographer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Leppesser midwife*
- Address *330 Bonover st.*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth..

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3<sup>rd</sup> Child  
Male

July 19<sup>th</sup> 1879  
No. 203 Light

Anna Otto  
Fingencia

America

August Otto  
Laborer

Germany

J. Schwassner midwife  
330 Hanover St.



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32248



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> Child  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 16<sup>th</sup> 1879

4. Place of Birth (Street and Number)

12365 Sharp St.

5. Full Name of Mother

Emma Brown

6. Mother's Maiden Name

Brink

7. Mother's Birthplace

America

8. Full Name of Father

Frank Paragon

9. Father's Occupation

Police Officer

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schuysser midwife  
380 Hanover St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32249

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

16 July

4. Place of Birth (Street and Number)

20 Hillman St

5. Full Name of Mother

Margaret Gisan

6. Mother's Maiden Name

Leyans

7. Mother's Birthplace

Ireland

8. Full Name of Father

Mathew Gisan

9. Father's Occupation

Railroad Man

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Asusula J. Chrimer

Address

No 7 Forrest Place

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

322570

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 16 1879
4. Place of Birth (Street and Number) 1291 W. Fayette St
5. Full Name of Mother Agatha Sackler
6. Mother's Maiden Name Agatha Friedman
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. Friedman
9. Father's Occupation Clerk - F. L. L. Co.
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. L. Friedman
- Address 1121 W. Fayette St
- Remarks

advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32251

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d, 3d, &c.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 16 '79
4. Place of Birth (Street and Number) 551 W. Lombard
5. Full Name of Mother Martha Booth
6. Mother's Maiden Name Martha Rawlings
7. Mother's Birthplace Baltimore
8. Full Name of Father Jm. Henry Booth
9. Father's Occupation Machinist New York Pa.
10. Father's Birthplace Baltimore to New York Pa.
- Name of Medical Attendant, or other Person who makes this Return. A. W. S. M. D.
- Address 543 Lexington St
- Remarks

and any physician, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32252

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 16<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 105 W. Howard St.*
5. Full Name of Mother *Lucie Dugan*
6. Mother's Maiden Name *Lucie Ryan*
7. Mother's Birthplace *Rochester W. V.*
8. Full Name of Father *Edward Dugan*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Baltimore City.*
- Name of Medical Attendant, or other Person who makes this Return. *J. B. Gardner M.D.*
- Address *120 W. Greene St. City.*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Child*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 17, 1879*  
4. Place of Birth (Street and Number) *33 N. Stricker St.*  
5. Full Name of Mother *Sarah E. Alford*  
6. Mother's Maiden Name *Sarah E. White*  
7. Mother's Birthplace *Bermuda*  
8. Full Name of Father *Wm. E. Alford*  
9. Father's Occupation *Cluk.*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *J. P. Russell, M.D.*  
Address *1227 Carrollton Ave*  
Remarks *Child Healthy*

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth July 17 1879 334 South Bond St
4. Place of Birth (Street and Number) 1
5. Full Name of Mother Pauline Buckley
6. Mother's Maiden Name Pauline Buckel
7. Mother's Birthplace Baltimore
8. Full Name of Father William Buckley
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address The child is healthy
- Remarks Name of Child William Henry Buckley

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 17<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *# 134 East M*
5. Full Name of Mother *Mrs J. Ernst*
6. Mother's Maiden Name *Maria Haidin*
7. Mother's Birthplace *America*
8. Full Name of Father *Wm Ernst*
9. Father's Occupation *Superintendent*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Simms*
- Address *# 171 Washington St.*
- Remarks

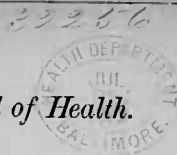


at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth July 17 1889  
 4. Place of Birth (Street and Number) No 2 Adams Street  
 5. Full Name of Mother Josephine Fuller  
 6. Mother's Maiden Name Thomas  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father John Henry Fuller  
 9. Father's Occupation Yeoman  
 10. Father's Birthplace Norfolk  
 Name of Medical Attendant, or other Person who makes this Return. Boston Walker  
 Address No 70 Ches  
 Remarks Mother died during War

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 1st 1879*
4. Place of Birth (Street and Number) *Baltimore City Pennsylvania*
5. Full Name of Mother *Ida Gertrude Hanning*
6. Mother's Maiden Name *Ida Gertrude Bush*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Wm Henry Hanning*
9. Father's Occupation *Boysen Painter*
10. Father's Birthplace *Winchester Va*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs H. C. Bush*
- Address *17 Patterson Avenue*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

*Colored race*

3. Date of Birth

*July 17th*

4. Place of Birth (Street and Number)

*51 South Green St.*

5. Full Name of Mother

*Bettie D. Chappell Brown*

6. Mother's Maiden Name

*Bettie D. Chappell*

7. Mother's Birthplace

*Mecklenburg Co - VA*

8. Full Name of Father

*Reuben Brown*

Father's Occupation

*Minister*

Father's Birthplace

*Richmond VA*

Name of Medical Attendant, or other Person who makes this Return.

*Caroline Riley*

Address

*44 Walker St.*

Remarks

# RETURN OF A BIRTH.

32259

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 17 1879

4. Place of Birth (Street and Number) 140 East Bank St

5. Full Name of Mother Martha C. Bawn

6. Mother's Maiden Name Martha C. Collins

7. Mother's Birthplace Baltimore City

8. Full Name of Father George Bawn

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this return Mary Conner

Address 153 Collington Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the name of the mother, whether still born or not, the full name, nativity, and residence of the father of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *10th of July*
4. Place of Birth (Street and Number) *Federal St. 2*
5. Full Name of Mother *Ann Kelly*
6. Mother's Maiden Name *Fisher*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Kelly*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Charles C. Crosby*
- Address *369 Cathedral St.*
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth July 17<sup>th</sup> 1879
4. Place of Birth (Street and Number) 1196 S. Regis. St.
5. Full Name of Mother Elizabeth Jeff
6. Mother's Maiden Name Bathe
7. Mother's Birthplace City
8. Full Name of Father Henry Jeff
9. Father's Occupation Ice Driver
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bely
- Address 245 Courtland Ave
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 17 79*
4. Place of Birth (Street and Number) *Beltin Avenue*
5. Full Name of Mother *Maggie Schmidt*
6. Mother's Maiden Name *Maggie Wildner*
7. Mother's Birthplace *Germany*
8. Full Name of Father *George Schmidt*
9. Father's Occupation *Barber*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. A. Millwright*
- Address *1525 Monument*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 17 1879
4. Place of Birth (Street and Number) No 219 Canal St
5. Full Name of Mother Louanna Bell
6. Mother's Maiden Name Louanna Moor
7. Mother's Birthplace Balto
8. Full Name of Father Henry Bell
9. Father's Occupation Wagon Driver
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Lena Willigant
- Address No 182 E Monument St
- Remarks \_\_\_\_\_



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

4 x 5

1. Sex (state whether Male or Female)

two Males

2. Race or Color (if not of the white race)

3. Date of Birth

July 17. 1879

4. Place of Birth (Street and Number)

E. Durhamstr 40 43

5. Full Name of Mother

Barbara Walhausser

6. Mother's Maiden Name

Lorenz

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Sebastian Walhausser

9. Father's Occupation

Joiner

10. Father's Birthplace

Berlin

Name of Medical Attendant, or other Person who makes this Return

Mry. Johanny Praupach

Address

St. Trufste 40 28

Remarks

Unders. fe

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32266

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

17<sup>th</sup> July 1879

4. Place of Birth (Street and Number)

2478, Lexington Street

5. Full Name of Mother

Rose Spillman

6. Mother's Maiden Name

McGarrett

7. Mother's Birthplace

Ind

8. Full Name of Father

Francis Spillman

9. Father's Occupation

10. Father's Birthplace

Ind

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Geo W. Spillman  
1 Waverley Terrace

advice at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 17<sup>th</sup> 1879
4. Place of Birth (Street and Number) 168 N. Fremont st
5. Full Name of Mother Emily Jane Robinson
6. Mother's Maiden Name " " Harford
7. Mother's Birthplace Baltimore City
8. Full Name of Father Richard C. Robinson
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. J. H. Gibbons M.D.
- Address 47 Edmondson
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32268

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 17<sup>th</sup> 1879
4. Place of Birth (Street and Number) n. Bond 322
5. Full Name of Mother Ann Livingston
6. Mother's Maiden Name Anna Kellin
7. Mother's Birthplace Baltimore
8. Full Name of Father James Henry Livingston
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Edw Baldwin
- Address 124 n. Euter
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 17<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *1733 Montgomery St*
5. Full Name of Mother *Ida F. Occurs*
6. Mother's Maiden Name *Ida F. Harcum*
7. Mother's Birthplace *Balto. Md*
8. Full Name of Father *Joseph A. Occurs*
9. Father's Occupation *Turner*
10. Father's Birthplace *Balto. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cook M.D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

advises at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 17<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *232 Baltimore*
5. Full Name of Mother *Abigail Lyett*
6. Mother's Maiden Name *Abigail McNeal*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Michael Lyett*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cook M.D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. His or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32271

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 17th 1879*  
4. Place of Birth (Street and Number) *134 Bolton Street*  
5. Full Name of Mother *Race Vazey*  
6. Mother's Maiden Name *Race*  
7. Mother's Birthplace *Synchburg - Virginia*  
8. Full Name of Father *Maac Parker Vazey*  
9. Father's Occupation *Attorney at Law*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *W. P. Wilson M. D.*  
Address *146 Park Avenue*  
Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 14<sup>th</sup> 1879

4. Place of Birth (Street and Number) 32 Wolfe St.

5. Full Name of Mother Louisa Troll

6. Mother's Maiden Name Louisa Hohmann

7. Mother's Birthplace America

8. Full Name of Father Adam Troll

9. Father's Occupation Sailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address No. 137 Wolfe St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32273

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 17th July 1879
4. Place of Birth (Street and Number) 203 Maryland Avenue
5. Full Name of Mother Rosa Seddon Ruthenford
6. Mother's Maiden Name Rosa Seddon
7. Mother's Birthplace Kovvland Co Va
8. Full Name of Father A H Ruthenford
9. Father's Occupation Merchant
10. Father's Birthplace Richmond Va
- Name of Medical Attendant, or other Person who makes this Return. Thos P Munday M.D.
- Address 80 Read St.
- Remarks

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 5<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *born on the 14<sup>th</sup> of July 1879*
4. Place of Birth (Street and Number) *at 11 Banteloe St.*
5. Full Name of Mother *Miss. Plants*
6. Mother's Maiden Name *Miss. Sewer*
7. Mother's Birthplace *born in the City of Balto.*
8. Full Name of Father *August Plants*
9. Father's Occupation *Fireman at Mrs. Willenger's*
10. Father's Birthplace *born in the City of Balto.*
- Name of Medical Attendant, or other Person who makes this return *Miss. Miller*
- Address *at 1017 West Pratt St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Twins Male and Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 17 1879
4. Place of Birth (Street and Number) No 377 Penna Avenue
5. Full Name of Mother Kate Pauline
6. Mother's Maiden Name Stout
7. Mother's Birthplace Sweden
8. Full Name of Father Martin Pauline
9. Father's Occupation Stone Cutter
10. Father's Birthplace Sweden
- Name of Medical Attendant, or other Person who makes this Return. E. Schmitt
- Address No 776 Penna Avenue
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

OVER NAME ADDED 10-23-01  
**RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY,**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14th Mabel Metcalf*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 18th*  
4. Place of Birth (Street and Number) *62 South Fulton*  
5. Full Name of Mother *Catherine E. Metcalf*  
6. Mother's Maiden Name *Catherine E. Stanclton*  
7. Mother's Birthplace *Fredrick. Md*  
8. Full Name of Father *Leonard C. Metcalf*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Fredrick. Md*  
Name of Medical Attendant, or other Person who makes this Return. *M. J. Leman*  
Address *435 N. 1st St. H. H. H. H. H.*  
Remarks *Healthy*

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32278

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 18<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No 70 Boston St.*
5. Full Name of Mother *Mary Klingelhofer*
6. Mother's Maiden Name *Mary Snyder*
7. Mother's Birthplace *York Co. Pa.*
8. Full Name of Father *Wilhelm Klingelhofer*
9. Father's Occupation *Shoe Store*
10. Father's Birthplace *Rosenthal, Province Posen / Prussia.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*
- Address *No 12 Patterson Park SW*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18 July
4. Place of Birth (Street and Number) 192 Sumner St
5. Full Name of Mother Annie Schmidt
6. Mother's Maiden Name Kneiss
7. Mother's Birthplace Germany
8. Full Name of Father John Schmidt
9. Father's Occupation None
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. Sophie Liner
- Address 2070 Grand St
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *18 July 1879*
4. Place of Birth (Street and Number) *No 1 North Wolfe St*
5. Full Name of Mother *Lizzie Goetze*
6. Mother's Maiden Name *Theresa Bert*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Goetze*
9. Father's Occupation *Coal Miner*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Sophie Simon*
- Address *No 70 Grantz*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

32281



To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 18 d. 1879
4. Place of Birth (Street and Number) 184 Oakin str.
5. Full Name of Mother Karoline Lutloff
6. Mother's Maiden Name K. Kisser
7. Mother's Birthplace Baltimore
8. Full Name of Father Jakob Lutloff
9. Father's Occupation Licor maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 x Bondstr.
- Remarks \_\_\_\_\_



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Labor*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 18 1879*  
4. Place of Birth (Street and Number) *No 1781 David Hill Av*  
5. Full Name of Mother *Julia Cullington*  
6. Mother's Maiden Name *Miss George*  
7. Mother's Birthplace *Hampburg Pa.*  
8. Full Name of Father *William Cullington*  
9. Father's Occupation *Cigar Manufacturer*  
10. Father's Birthplace *England*  
Name of Medical Attendant, or other Person who makes this Return *R. Evans M.D.*  
Address *Woodberry Bath Co.*  
Remarks *This was a case of twins one of which was still born*

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32283

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether ~~Male~~ or Female) female  
2. Race or Color (if not of the white race) White  
3. Date of Birth July 18. 79.  
4. Place of Birth (Street and Number) 25 Pine St.  
5. Full Name of Mother Elizabeth Ortmann  
6. Mother's Maiden Name Orgemann  
7. Mother's Birthplace Germany  
8. Full Name of Father George Ortmann  
9. Father's Occupation Boxmaker  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Louis C. Horn M.D.  
Address \_\_\_\_\_  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

July 18th 1879

4. Place of Birth (Street and Number)

13 N. Wolfe St.

5. Full Name of Mother

Anna Schumoff

6. Mother's Maiden Name

Kratz

7. Mother's Birthplace

Germany

8. Full Name of Father

George Schumoff

9. Father's Occupation

Baker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bels

Address

245 Centre Ave

Remarks

The physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

*July 18. 1879*  
*J. Schoppeltstr 4 130*  
*Frederick Gots*  
*Folbender*  
*Strullendorf Bismarck*  
*Bismarck Gots*  
*Wartmarken*  
*Locheres Bismarck*  
*Wm. Joh. Traupman*  
*S. Wolfstr 45 28*  
*midwife*

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 18<sup>th</sup> 1879

4. Place of Birth (Street and Number)

203 Hamburg St.

5. Full Name of Mother

Mary Neuchel

6. Mother's Maiden Name

" Wagner

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Louis Neuchel

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Neuchel

Address

328 South Eutaw St.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *July 18 1879*
4. Place of Birth (Street and Number) *easton st 479*
5. Full Name of Mother *Caroline Horne*
6. Mother's Maiden Name *Caroline Roche*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Martin Horne*
9. Father's Occupation *laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Burk St*
- Remarks

Every physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32288

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18 July
4. Place of Birth (Street and Number) 19 Clement St.
5. Full Name of Mother Annie M. Williams
6. Mother's Maiden Name Steynwald
7. Mother's Birthplace Camanoe, Ireland
8. Full Name of Father Charles J. Williams
9. Father's Occupation Soldier
10. Father's Birthplace Auburn, New York
- Name of Medical Attendant, or other Person who makes this Return. Margaret E. McE
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



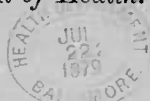
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 18<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *No. 285 Gough Str.*
5. Full Name of Mother *Katie. C. Stuart*
6. Mother's Maiden Name *Katie. C. Schair*
7. Mother's Birthplace *Baltimore. Md.*
8. Full Name of Father *Peter. C. Stuart*
9. Father's Occupation *Grocery & Ship Chandler*
10. Father's Birthplace *Bremerhaven. Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Barbara Reis*
- Address *No. 11 Frederick Str.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

18 July 1879

4. Place of Birth (Street and Number)

709 Madison St

5. Full Name of Mother

Charlotte Henkel

6. Mother's Maiden Name

Rau

7. Mother's Birthplace

U S

8. Full Name of Father

John Henkel

9. Father's Occupation

Grocery

10. Father's Birthplace

U S

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sara Casper

Address

52 E. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 6-13-50

# RETURN OF A BIRTH.

32291

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Irene May Lowry*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 10th 1879*
4. Place of Birth (Street and Number) *68 Peach Street*
5. Full Name of Mother *Catherine Eugene Lowry*
6. Mother's Maiden Name *Cotton*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *William John Lowry*
9. Father's Occupation *Trainer*
10. Father's Birthplace *Trussling, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Sloan*
- Address *337 West 2nd St*
- Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32292

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 18<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *380 McKim St*
5. Full Name of Mother *Kate Thurlo*
6. Mother's Maiden Name *Kate Rush*
7. Mother's Birthplace *Ellicott City, Md*
8. Full Name of Father *Charles F. Thurlo*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Anne Arundel Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *W. J. Register M.D.*
- Address *407 Car Fayette Baltimore*
- Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8-11-59  
32293  
**RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> Frank Leroy Hummel

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 18<sup>th</sup> 1879

4. Place of Birth (Street and Number)

University Hospital

5. Full Name of Mother

Ella K. Hummel

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. B. Bruce M.D.

Address

University Hospital

Remarks

nat. presentation (left occipito-iliac position)

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32294

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Aug 18<sup>th</sup> 1879.  
354 Saratoga St.  
Dolly Parsons. (Mary H.)  
Dolly Shaffer. (Mary H.)  
Baltimore City, Md.  
John W. Parsons.  
Civil Engineer.  
Baltimore, Md.  
John S. A. Howard, M.D.  
213. W. Lexington St.  
Dr. Jas. A. Howard, midwife a fever by  
sending me some blank Birth Certificates, 187

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32295

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

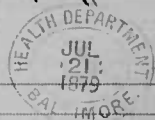


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 18 1879
4. Place of Birth (Street and Number) No 14 Morris Alley
5. Full Name of Mother Harah Corral
6. Mother's Maiden Name Harah Corral
7. Mother's Birthplace Centerville Md
8. Full Name of Father James Davis
9. Father's Occupation Water
10. Father's Birthplace Baltimore City Md
- Name of Medical Attendant, or other Person who makes this Return. Th. Brock
- Address No 36 Davis St
- Remarks none

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18 July
4. Place of Birth (Street and Number) 75 & High St
5. Full Name of Mother Catharine McDaniel
6. Mother's Maiden Name McDaniel
7. Mother's Birthplace Ireland
8. Full Name of Father Daniel Cawiff
9. Father's Occupation Meat Cleaner
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Ursula Schooner
- Address No 7 Farrest Place
- Remarks

Physician, accoucher, and wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) Color Girl

3. Date of Birth

Julie 18

4. Place of Birth (Street and Number)

Greenwiller 59

5. Full Name of Mother

Sarah Linnem

6. Mother's Maiden Name

Jorah Jones

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James Linnem

9. Father's Occupation

Croftier

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who make this Return.

Der. Tenbergen

Address

Pennington St. 14

Remarks



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

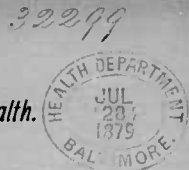


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) color
3. Date of Birth July 18
4. Place of Birth (Street and Number) harvard st 190
5. Full Name of Mother della Sakins
6. Mother's Maiden Name della Scott
7. Mother's Birthplace Marthamaland CO Va
8. Full Name of Father Samuel Scott
9. Father's Occupation Water
10. Father's Birthplace York river
- Name of Medical Attendant, or other Person who makes this Return. Millery L Bras
- Address 181 York St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
July 19: 1879  
379 N. Lombard  
Emma S. Parker  
Bilson  
Bilson, Mass  
Wilson Parker  
Mechanic (Piano Player)  
Phineas Parker  
H. J. Spencer  
379 N. Lombard

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32,310



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *N 6th*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *19th July*  
4. Place of Birth (Street and Number) *427 W. McHenry St*  
5. Full Name of Mother *Margaret E. Hoffman*  
6. Mother's Maiden Name *Margaret E. Boyde*  
7. Mother's Birthplace *Townsendtown Md*  
8. Full Name of Father *Charles J. Hoffman*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *St Louis Mo*  
Name of Medical Attendant, or other Person who makes this Return. *M. J. Leman*  
Address *435 W. McHenry St*  
Remarks *Healthy*

Must not be paid, accompanied, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 19<sup>th</sup> 1879
4. Place of Birth (Street and Number) 11 Miller St.
5. Full Name of Mother Matilda Johnson
6. Mother's Maiden Name " Arwings
7. Mother's Birthplace City
8. Full Name of Father Joseph H. Johnson
9. Father's Occupation Works in Shoe Factory
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby.
- Address 319 N. Central Ave.
- Remarks \_\_\_\_\_

I and my physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32302



To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup> Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 19
4. Place of Birth (Street and Number) 127 Guilford alley
5. Full Name of Mother Louisa Fisher
6. Mother's Maiden Name Louisa Smith
7. Mother's Birthplace Richmond Va
8. Full Name of Father Edwel Fisher
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this return Arch'g Wilson
- Address 10 232 Hughes St
- Remarks

32303

HEALTH DEPARTMENT  
JUL 25 1879  
BALTIMORE.

4. the child  
State

- July 17<sup>th</sup> 1879  
No 254 Pathien ac.  
Edie Young  
Germany.  
intim. Young  
Clerk  
Germany.

330 Lancaster St.

Address

Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32304

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 19 of July 1879
4. Place of Birth (Street and Number) 295 Gough st
5. Full Name of Mother Mary Glaser
6. Mother's Maiden Name Mary Brandau
7. Mother's Birthplace Baltimore
8. Full Name of Father Adolphes E Glaser
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley
- Address No 12 Patterson Park A
- Remarks \_\_\_\_\_

That the physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Febr 19 d 1879
4. Place of Birth (Street and Number) con. Monemondia Kaselstr.
5. Full Name of Mother Marie Wigand
6. Mother's Maiden Name M. Heimmetz
7. Mother's Birthplace Germane
8. Full Name of Father Carl Friedrich Wigand
9. Father's Occupation Butcher
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 S. Bondstr.
- Remarks \_\_\_\_\_



Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 19, 79*
4. Place of Birth (Street and Number)
5. Full Name of Mother *Mrs. Fredricka Hogador*
6. Mother's Maiden Name *" " " Buddeneyer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Hubert Hogador*
9. Father's Occupation *Librarian*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Gorty/RE*
- Address *1035 E. Bond St*
- Remarks *Birth 7/19/00*

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 19/79

4. Place of Birth (Street and Number)

117 S. Washington St

5. Full Name of Mother

Mary. Albers

6. Mother's Maiden Name

" Zurmühl

7. Mother's Birthplace

Germany

8. Full Name of Father

Wm. Albers

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. W. Mansfield

Address

117 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32308

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 19th 1879*
4. Place of Birth (Street and Number) *384 Howard St*
5. Full Name of Mother *Mina Miller*
6. Mother's Maiden Name *" Miller*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Chas Miller*
9. Father's Occupation *Cabinet Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Annie Mesureth*
- Address *138 Pennsylvania*
- Remarks

1. List any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32309

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Female

White

July 19th 79

803 1/2 N. E. 1st St.

Annie Schmidt

Augusta Schmidt

Germany

Prof. H. Schmidt

Teacher

Germany

Wm. H. H. Schmidt

1018 1/2 E. 1st St.

Not to be filled out by any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 12 1879
4. Place of Birth (Street and Number) No 67 Warren St
5. Full Name of Mother Mary Elizabeth Jones
6. Mother's Maiden Name Mary Elizabeth Warner
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo. H. Jones
9. Father's Occupation Trainer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. Hargrett
- Address 1111 1/2 E. Monument St
- Remarks

Call any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32311

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.
1. Sex (state whether male or female) first Boy
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth July 19.
4. Place of Birth (Street and Number) Hanburg Street 178.
5. Full Name of Mother Mary Conrad.
6. Mother's Maiden Name Mary Arras
7. Mother's Birthplace Germania
8. Full Name of Father August Conrad
9. Father's Occupation Blacksmith
10. Father's Birthplace Germani
- Name of Medical Attendant, or other Person who makes this Return. Surgeon Wm. J. ...
- Address 8 ...
- Remarks \_\_\_\_\_

Physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32312



To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 19, 1889

4. Place of Birth (Street and Number)

No 99 E Biddle St

5. Full Name of Mother

Condonia A Elliott

6. Mother's Maiden Name

Condonia A Wheeler

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm H. V. Elliott

9. Father's Occupation

Printer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address 286 N. T. Street

Remarks

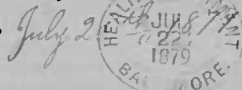
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32313

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 19<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *349 Eastern Ave*

5. Full Name of Mother *Maggie Spencer*

6. Mother's Maiden Name *Maggie Aratz*

7. Mother's Birthplace *Amelia*

8. Full Name of Father *Clay Spencer*

9. Father's Occupation *Conductor*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Imelda*

Address *40137 Wolfe St.*

Remarks *OB*



that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

22314-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female.

2. Race or Color (if not of the white race)

white.

3. Date of Birth

19 July 1879.

4. Place of Birth (Street and Number)

185 Hanover Street.

5. Full Name of Mother

Maria Frederick.

6. Mother's Maiden Name

Maria Kern.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

John Christian Frederick.

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germanien.

Name of Medical Attendant, or other Person who makes this Return.

Frederica Hump

Address

8 Lindenplatz

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32315

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Harriet E L Lounes*
1. Sex (state whether Male or Female) *Daughter Georgie Elveta Lannon*
2. Race or Color (if not of the white race) *Brown Skin*
3. Date of Birth *July 19<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Hughes Street no 186*
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace *Baltimore Hamburg St*
8. Full Name of Father *William Lannon*
9. Father's Occupation *Brick Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Johnson*
- Address
- Remarks

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32316

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
19 July  
No 10 Market space  
Fannie Donelson  
Fannie Stuard  
America  
John Donelson  
Labor  
America  
Elija Flemming  
No 95 Blkmarle st  
healthy



Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32317

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup> child.  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) Color.  
 3. Date of Birth July 19 - 1879 -  
 4. Place of Birth (Street and Number) 18, Upton St.  
 5. Full Name of Mother Alice Brown  
 6. Mother's Maiden Name Alice Senny  
 7. Mother's Birthplace West River of Md.  
 8. Full Name of Father Henry Brown  
 9. Father's Occupation Wood Carver  
 10. Father's Birthplace Anna Anndel Co.  
 Name of Medical Attendant, or other Person who makes this Return. Dr. Boyd Wyllie M.D. { Townsend & any others are.  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32318

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 19<sup>th</sup> 1889*
4. Place of Birth (Street and Number) *Bouldin St near Baker St*
5. Full Name of Mother *Lizzie Young*
6. Mother's Maiden Name *Lizzie Harvey*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles E Young*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Chas E Satter M D*
- Address *649 Penn Ave*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32519

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White race
3. Date of Birth July 19th 1876
4. Place of Birth (Street and Number) St James St # 11
5. Full Name of Mother Margaret Fisher
6. Mother's Maiden Name Wolk
7. Mother's Birthplace Bavaria
8. Full Name of Father John Fisher
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Hilleg
- Address 484 Holland St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32320  
32321

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) A Swiss Male Not Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 19<sup>th</sup> 1879
4. Place of Birth (Street and Number) Cornell of Tremont and Moska street
5. Full Name of Mother Sophie Filly
6. Mother's Maiden Name " Mike
7. Mother's Birthplace Bavaria
8. Full Name of Father John Filly
9. Father's Occupation Carriage Driver
10. Father's Birthplace Bavaria
- Name of Medical Attendant, or other Person who makes this Return. C. Schmitt St 476 Centre Ave
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32392

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth The 15th of June 1879  
4. Place of Birth (Street and Number) 321 East Calver St  
5. Full Name of Mother May Rease  
6. Mother's Maiden Name May P. Dennis  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Casper Dennis  
9. Father's Occupation Butcher  
10. Father's Birthplace Germany  
Name of Medical Attendant, or other Person who makes this Return Resident Physician  
Address 1121 N. 1st St. Baltimore  
Remarks Healthy



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32323

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Saturday July 19<sup>th</sup> 1879
4. Place of Birth (Street and Number) 3<sup>d</sup> Avenue Belt Canton
5. Full Name of Mother Esabella Wilkey
6. Mother's Maiden Name Hudson
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Wilkey
9. Father's Occupation Sailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. C. Richard M.D.
- Address Assisted by Dr. Wilkins 28 O'Donnell St
- Remarks Taken with Uterine hemorrhage on 17<sup>th</sup> Placenta adhered to the Cervix Uteri. The child was delivered still born. Reaction failed the woman died in syncope

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32324

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 19th 1879*  
4. Place of Birth (Street and Number) *Baltimore Church st No. 33*  
5. Full Name of Mother *Catherine Cropper*  
6. Mother's Maiden Name *Star*  
7. Mother's Birthplace *Jefferson County. Va*  
8. Full Name of Father *William Cropper*  
9. Father's Occupation *shoe maker*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Scarborough*  
Address *No. 220 Montgomery st Balt*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 20th

4. Place of Birth (Street and Number)

No. 6. N. Fremont St

5. Full Name of Mother

Adelia A. C. Watson

6. Mother's Maiden Name

Adelia A. C. Heilz

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George W. Watson

9. Father's Occupation

Salesman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

H. P. Spencer  
379 W. Lombard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 22<sup>nd</sup> 1879*

4. Place of Birth (Street and Number) *35 S. Market St.*

5. Full Name of Mother *Mary E. Cunningham*

6. Mother's Maiden Name *Mary E. Calhoun*

7. Mother's Birthplace *Rich. Co. Md.*

8. Full Name of Father *Levin S. Cunningham*

9. Father's Occupation *Dyeing & Dyeing*

10. Father's Birthplace *Rich. Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *H. L. Wilkins M.D.*

Address. *77 So. Broadway*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth July 20<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) Baltimore Lombard St. 29  
 5. Full Name of Mother Catherine Skulley  
 6. Mother's Maiden Name Galliger  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father James Skulley  
 9. Father's Occupation Black Smith  
 10. Father's Birthplace Philadelphia  
 Name of Medical Attendant, or other Person who makes this Return. Wm. C. Mitchell  
 Address N. 140 Ramsey St  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The third child*
1. Sex (state whether male or female) *female.*
2. Race or Color (if not of the white race) *white.*
3. Date of Birth *date 20 July 1879*
4. Place of Birth (Street and Number) *389 Madison Street.*
5. Full Name of Mother *Wally Graus*
6. Mother's Maiden Name *Wally Frias*
7. Mother's Birthplace *Germane*
8. Full Name of Father *Sebaston Graus*
9. Father's Occupation *Lebra*
10. Father's Birthplace *Germane.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*
- Address *No 12 Patterson Park Av*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 20 25 sitting at
4. Place of Birth (Street and Number) 25 sitting at
5. Full Name of Mother Mrs. C. B. Winter
6. Mother's Maiden Name A. J. Roberts
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. Winter
9. Father's Occupation Jun. Dealer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Anne Paul
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth July 20 d. 1879
4. Place of Birth (Street and Number) 369 Onlinstr.
5. Full Name of Mother 130 Luise Kehler
6. Mother's Maiden Name Luise Fulta
7. Mother's Birthplace Baltimore
8. Full Name of Father Gleinnish Kehler
9. Father's Occupation Barbier
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 N. Bondstr.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 20, 79

4. Place of Birth (Street and Number) 2126 Roll St

5. Full Name of Mother Mrs. Faller

6. Mother's Maiden Name Gray

7. Mother's Birthplace Baltimore

8. Full Name of Father Milton Baker

9. Father's Occupation Police Officer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Gortzke

Address 112 S. J. Board

Remarks Bt M

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

7<sup>th</sup>  
Female

20<sup>th</sup> of July

No 49 Garrison Street

Mrs. Sophia Goekheim

Boston

Adolph Goekheim

Engineer

Hannover, Germany

Mrs. Weis

Mrs. Sophia Goekheim 17 Hollis St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32333

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

July 21<sup>st</sup> 1879  
458 3<sup>rd</sup> Lombard St  
Lena Cooperider  
Rosenfeld  
Ohio  
George Cooperider  
Minister of the Gospel  
Ohio  
W. K. McManis  
582 N. Fayette St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32334

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth July 20th 1879
4. Place of Birth (Street and Number) 307 S. Fulton St
5. Full Name of Mother Ella Jane Jeffries
6. Mother's Maiden Name Shuler
7. Mother's Birthplace Pennsylvania
8. Full Name of Father Frank Jeffries
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. McKim
- Address 583 N. Foulke St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise as to the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32335-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 20<sup>th</sup> 1879

4. Place of Birth (Street and Number)

66 St. Peter

5. Full Name of Mother

Annie Thompson Barry

6. Mother's Maiden Name

Annie Thompson

7. Mother's Birthplace

Ireland

8. Full Name of Father

W. L. Barry

9. Father's Occupation

Mechanic

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Edw. L. McCreary

Address

279 W. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



32536

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *20<sup>th</sup> day of July*
4. Place of Birth (Street and Number) *121. North 1st St.*
5. Full Name of Mother *Francis Rebecca Lawrence*
6. Mother's Maiden Name *Wm. R. Murray*
7. Mother's Birthplace *Chesville, N.Y.*
8. Full Name of Father *Edgar G. Lawrence*
9. Father's Occupation *Clerk*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Meserick (midwife)*
- Address *138 Penna. Ave.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32337

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) Lucy
2. Race or Color (if not of the white race) White
3. Date of Birth July 20<sup>th</sup> 79
4. Place of Birth (Street and Number) No 24 W. Kinn St
5. Full Name of Mother Mary Kapp
6. Mother's Maiden Name Mary Miller
7. Mother's Birthplace Germany
8. Full Name of Father John Kapp
9. Father's Occupation Laborer
10. Father's Birthplace Germans
- Name of Medical Attendant, or other Person who makes this Return. Daniel L. Linnard
- Address No 1826 Monument St
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32338

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~X~~

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

White

July 20th

Baltimore No 113 N Howard St.

Flornce A. Bunting

Flornce A. Bount

Baltimore City

Smith, R. Bunting

Shoe Worker

Baltimore City

H. L. Spicer

379 W. Lombard St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32339

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) 11

3. Date of Birth 26 July

4. Place of Birth (Street and Number)

5. Full Name of Mother

Lora Stichel

6. Mother's Maiden Name

Lora Abraham

7. Mother's Birthplace

Prussia

8. Full Name of Father

Friedrich Stichel

9. Father's Occupation

Baker & Confectionery

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this Return.

246 S. Charles St

Address

8 Sandusky St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 20 1879*
4. Place of Birth (Street and Number) *N.B. 4th Cross Street*
5. Full Name of Mother *Lulia H. Weyrich*
6. Mother's Maiden Name *Lulia H. Drayke*
7. Mother's Birthplace *Prussian*
8. Full Name of Father *Henry D. Weyrich*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Harford County Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. W. Weyrich*
- Address *5 Linnell St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32341



To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 20 1879
4. Place of Birth (Street and Number) 310 N. Bond St.
5. Full Name of Mother Sydia L. Harrison Carter
6. Mother's Maiden Name Harrison
7. Mother's Birthplace Baltimore
8. Full Name of Father Isaac T. Carter
9. Father's Occupation Polisman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John S. Lynam M.D.
- Address #1 S. Broadway,
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st.  
Male

July 20/79  
66 McKim St  
Mary A. Mulligan  
" " Grojan

Balto.

John Mulligan

Brass Finisher

Balto.

Edward P. McVea  
157 N. E. St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32343

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

July 21<sup>st</sup> 1879



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 20<sup>th</sup> 1879

4. Place of Birth (Street and Number) No 6 Belair Road

5. Full Name of Mother Mary Such

6. Mother's Maiden Name Mary Gaage

7. Mother's Birthplace Germany

8. Full Name of Father Frederick Such

9. Father's Occupation Wheelwright

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address 131 South Wolfe St

Remarks CH

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

323411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) /

1. Sex (state whether Male or Female) ~~Male~~ female

2. Race or Color (if not of the white race) Dark

3. Date of Birth 20 Juny 1879

4. Place of Birth (Street and Number) Flonaby 82

5. Full Name of Mother Jones hall

6. Mother's Maiden Name Jones cards

7. Mother's Birthplace Mass River md

8. Full Name of Father J. K. P. hall

9. Father's Occupation grain trader

10. Father's Birthplace Montgomery county

Name of Medical Attendant, or other Person who makes this Return. Anna F. Goussin

Address 280 Flonaby

Remarks Chas. hall

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32345

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether Male or Female) *Boys*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *20 July*
4. Place of Birth (Street and Number) *28 Barnes*
5. Full Name of Mother *Maria Komar*
6. Mother's Maiden Name *Beran*
7. Mother's Birthplace *Wersch Bohemia*
8. Full Name of Father *Josef Komar*
9. Father's Occupation *Labour*
10. Father's Birthplace *Praha Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Komar*
- Address *28 Barnes St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32346

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 20<sup>th</sup> 1879
4. Place of Birth (Street and Number) 576 W. Baltimore St
5. Full Name of Mother Bridgette Lang
6. Mother's Maiden Name Bridgette Gabrielle
7. Mother's Birthplace France
8. Full Name of Father Jerome Lang
9. Father's Occupation Upholsterer
10. Father's Birthplace France

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm. Regester M.D.  
Mrs. Fayette C. Calkins



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *July 20th 1879*

4. Place of Birth (Street and Number) *170 S. Dallas St.*

5. Full Name of Mother *Annie B. Jones*

6. Mother's Maiden Name *A. Belle Bristol*

7. Mother's Birthplace *Harford County*

8. Full Name of Father *Henry Jones*

9. Father's Occupation *Labourer*

10. Father's Birthplace *Harford County*

Name of Medical Attendant, or other Person who makes this Return. *Wm. L. Edg. Warner*

Address *No. 98 Holland St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 21 July
4. Place of Birth (Street and Number) 11 Webster Alley
5. Full Name of Mother Bessie Powerty
6. Mother's Maiden Name Williams
7. Mother's Birthplace Baltimore
8. Full Name of Father Edley Powerty
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Isaac J. Chrisman
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39,349



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth July 21<sup>st</sup> 1879  
4. Place of Birth (Street and Number) Baltimore Lombard St. 326  
5. Full Name of Mother Martha Jennings  
6. Mother's Maiden Name Kirney  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Joseph Jennings  
9. Father's Occupation Laborer  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell  
Address N. 140 Ramsey st  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 21 1879
4. Place of Birth (Street and Number) 110 Leadenhall St
5. Full Name of Mother M. Chearline
6. Mother's Maiden Name " Leathers
7. Mother's Birthplace Balto
8. Full Name of Father M. Chearline
9. Father's Occupation Englaver
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Miss Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *Negro.*
3. Date of Birth *July 21st 1879.*
4. Place of Birth (Street and Number) *74 Vincent Alley.*
5. Full Name of Mother *Martha Horsey.*
6. Mother's Maiden Name *Smith.*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *Milton E. Horsey.*
9. Father's Occupation *Porter.*
10. Father's Birthplace *Frederick, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *James A. Swattney, M.D.*
- Address *189 Edmondson Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32352

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

4 M<sup>o</sup> 21<sup>st</sup> 1879

4. Place of Birth (Street and Number)

19. N Gay St

5. Full Name of Mother

Margaret Gordon

6. Mother's Maiden Name

Margaret Kernan

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Gordon

9. Father's Occupation

Restaurant

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

W. McCay M. D.  
47 Lexington St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32353

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

white

3. Date of Birth

July 2<sup>nd</sup> 1879

4. Place of Birth (Street and Number)

36 N. Gilman

5. Full Name of Mother

Mollie Le Favour

6. Mother's Maiden Name

Mollie P. Redan

7. Mother's Birthplace

Ireland

8. Full Name of Father

G. J. Le Favour

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edw. J. Nicholson

Address

279 W. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

5th  
Female  
White  
July 21. 1879.  
Elizabeth La-  
Mary Neal  
Mary Fischer  
Baltimore  
William Neal  
Laborer  
Baltimore  
Catherine Horner  
No 106 West st



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32.255

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex (state whether Male or Female) .....

2. Race or Color (if not of the white race) .....

3. Date of Birth .....

4. Place of Birth (Street and Number) .....

5. Full Name of Mother .....

6. Mother's Maiden Name .....

7. Mother's Birthplace .....

8. Full Name of Father .....

9. Father's Occupation .....

10. Father's Birthplace .....

Name of Medical Attendant, or other Person who  
makes this return .....

Address .....

Remarks .....

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

56

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 21, 1879  
S. Wolfstr No 26

4. Place of Birth (Street and Number)

General Britner

5. Full Name of Mother

Bernard

6. Mother's Maiden Name

Wendel Britner

7. Mother's Birthplace

Geary Britner

8. Full Name of Father

Schapman

9. Father's Occupation

President of the Board

10. Father's Birthplace

Wingfield, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

Wingfield, Pennsylvania

Address

S. Wolfstr No 26

Remarks

Underfe

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth  
First

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

21 July 1879

4. Place of Birth (Street and Number)

290 Cross St.  
Christina Krause

5. Full Name of Mother

6. Mother's Maiden Name

" Metzger  
Baden W (Germany)

7. Mother's Birthplace

8. Full Name of Father

Frank Krause

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baden (Germ.)

Name of Medical Attendant, or other Person who makes this Return.

Mary Korth

Address

328 South East St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (*X* nd of the white *X* cl) \_\_\_\_\_
3. Date of Birth *July 21*
4. Place of Birth (Street and Number) *Cor. Baiter & Granby*
5. Full Name of Mother *Mary J. Barnes*
6. Mother's Maiden Name *Thomas*
7. Mother's Birthplace *Cecil Co., Md.*
8. Full Name of Father *Wm. C. Barnes*
9. Father's Occupation *Commission Merchant*
10. Father's Birthplace *Cecil Co., Md.*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. White, M.D.*
- Address *261 N. Broadway*
- Remarks \_\_\_\_\_

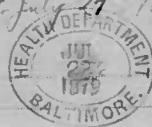
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32359

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balt July 27<sup>th</sup> 1879



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 27<sup>th</sup> 1879

4. Place of Birth (Street and Number) 40 Port Street

5. Full Name of Mother Lena Clark

6. Mother's Maiden Name Lena Kanner

7. Mother's Birthplace America

8. Full Name of Father Thomas Clark

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amund

Address 137 South Wolfe Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Monday 21 July

Female

White

Baltimore, Babing St 18.

Mrs Kate Meyer

Miss Kate Klabornagel

Germany.

Carl Meyer

Iron

Liebenau Germany.

Mrs Saback

H. Pratt A 439.

Nothing

# RETURN OF A BIRTH.

32361

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether Male or Female)

Race or Color (if not of the white race)

Date of Birth

Place of Birth (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*645*  
*Female*  
*252*  
*252*  
*July 11*  
*Dallas St.*  
*Louis Wagner*  
*Louis. Leure*  
*Germany*  
*L. Wagner*  
*Paper Carrier*  
*Germany*  
*Mrs. M. W.*  
*123 McArthur*  
*Pratt*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32362

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*July 21<sup>st</sup> 79.*

4. Place of Birth (Street and Number)

*101 Orchard St.*

5. Full Name of Mother

*Mary McCubbin.*

6. Mother's Maiden Name

*Mary Hiel.*

7. Mother's Birthplace

*Washington, D.C.*

8. Full Name of Father

*Nicholas McCubbin.*

9. Father's Occupation

*Barber.*

10. Father's Birthplace

*Washington, D.C.*

Name of Medical Attendant, or other Person who makes this return

*A. C. Fox, M.D.*

Address

*K. W. Co. Fayette & Schneider St.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32363

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

July the 22 1874

4. Place of Birth (Street and Number)

Rabony st

5. Full Name of Mother

Miriam Allen

6. Mother's Maiden Name

Miriam Boone

7. Mother's Birthplace

Mount Airy, N.C.

8. Full Name of Father

Allen Allen

9. Father's Occupation

Teacher

10. Father's Birthplace

Kaples, N.C.

Name of Medical Attendant, or other Person who makes this Return.

Charles H. Tarsen

Address

258 West Rabony st

Remarks

None



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar inforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*  
 1. Sex (state whether male or female) *male*  
 2. Race or Color (if not of the white race) *Swedish*  
 3. Date of Birth *July 28 1879*  
 4. Place of Birth (Street and Number) *No 86 Anny St*  
 5. Full Name of Mother *Mary anderson*  
 6. Mother's Maiden Name *Mary giray*  
 7. Mother's Birthplace *Harford County*  
 8. Full Name of Father *John Cornelious anderson*  
 9. Father's Occupation *Master*  
 10. Father's Birthplace *Shepard Town Va*  
 Name of Medical Attendant, or other Person who  
 attended this Birth, *Charlotte Warren*  
 Address *258 West Balow St*  
 Remarks *None*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 22nd 1879

4. Place of Birth (Street and Number) Baltimore Hollander 239

5. Full Name of Mother Mary Adams

6. Mother's Maiden Name " Snow

7. Mother's Birthplace Baltimore

8. Full Name of Father George Adams

9. Father's Occupation Expressman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address No. 140 Ramsey St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 22<sup>nd</sup> 1879*

4. Place of Birth (Street and Number) *578 Light St.*

5. Full Name of Mother *Margaret E. Milkinson*

6. Mother's Maiden Name *Margaret E. Tappin*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *Wm. H. Milkinson*

9. Father's Occupation *Saddle & Harness Maker*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *Theodore (Otho) M. A.*

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 22nd Child 1879*
4. Place of Birth (Street and Number) *330 Hanover St*
5. Full Name of Mother *Mary E. Hart*
6. Mother's Maiden Name *Blumance*
7. Mother's Birthplace *America*
8. Full Name of Father *William E. Hart*
9. Father's Occupation *a brick maker*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *J. Lohmeyer midwife*
- Address *330 Hanover St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32368

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 10<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 22<sup>d</sup> 1879
4. Place of Birth (Street and Number) 348 N. Gilman St
5. Full Name of Mother Sarah Jane Miller
6. Mother's Maiden Name Brooke
7. Mother's Birthplace Virginia
8. Full Name of Father John H. Miller
9. Father's Occupation Black Smith
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. M. Christian M.D.
- Address 431 Penna. Ave.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32369

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 22<sup>nd</sup> July 1879
4. Place of Birth (Street and Number) 10 N. Conder St
5. Full Name of Mother Olivia L. Belcher
6. Mother's Maiden Name Olivia L. Bell
7. Mother's Birthplace Granstown Balt City
8. Full Name of Father Frank B. Belcher
9. Father's Occupation Commission Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. W. H. Sippin M.D.
- Address 1112 St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall intend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d 3d*

1. Sex (state whether Male or Female) *two males*

2. Race or Color (if not of the white race) *whites*

3. Date of Birth *22 July 1874*

4. Place of Birth (Street and Number) *J. Hay Street N.E. Corner of Camden*

5. Full Name of Mother *Clémentine Gafols Heilmeyer*

6. Mother's Maiden Name *Clémentine Gafols*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Peter Heilmeyer*

9. Father's Occupation *Saloon keeper*

10. Father's Birthplace *Alsace*

Name of Medical Attendant, or other Person who makes this Return. *Dr F. Quinkow*

Address *224 W Fayette Street*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jul 22nd 1879*
4. Place of Birth (Street and Number) *772 Light St*
5. Full Name of Mother *Amelia C. German*
6. Mother's Maiden Name *Amelia C. Rhinehart*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Eng. C. German*
9. Father's Occupation *Cotton*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Nicodone 100th St*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32373

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> child*
- Sex (state whether ~~male~~ or female) *Male*
  - Race or Color (if not of the white race) *White*
  - Date of Birth *July 26, 1879*
  - Place of Birth (Street and Number) *S. Carolina St. No. 64.*
  - Full Name of Mother *Susanna Lang*
  - Mother's Maiden Name *Susanna Schneider*
  - Mother's Birthplace *Baltimore, City*
  - Full Name of Father *John Lang*
  - Father's Occupation *Shoemaker*
  - Father's Birthplace *Waldorf, Prussia*
  - Name of Medical Attendant, or other Person who makes this Return *Mary E. Keller*
  - Address *N. Dalks St. No. 26.*
  - Remarks

That any physician, matron, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *22d July 1879*
4. Place of Birth (Street and Number) *50 North Chappel Street*
5. Full Name of Mother *Kate Jones*
6. Mother's Maiden Name *Kate Wagner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Albert Wagner*
9. Father's Occupation *Taylor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Respectable Kunkel*
- Address *50 North Chappel Street, Baltimore*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32375



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 1st of July 1879  
 4. Place of Birth (Street and Number) 12th & Washington St  
 5. Full Name of Mother Gertie Schmitt  
 6. Mother's Maiden Name Schmitt  
 7. Mother's Birthplace Germany  
 8. Full Name of Father Andres Schmitt  
 9. Father's Occupation Shoemaker  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Resident's Surgeon  
 Address 12th Chapel Street per post  
 Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No 3*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 22<sup>nd</sup> 1879*
4. Place of Birth (Street and Number) *near of No 162 East St*
5. Full Name of Mother *Rose Harris*
6. Mother's Maiden Name *Unmarried*
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *E. C. Baldwin*
- Address *124 N. E. 2<sup>nd</sup> St*
- Remarks

*Illegitimate do not know the father name*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



32377

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 22 July 1878
4. Place of Birth (Street and Number) 341 High St.
5. Full Name of Mother Leena Breis
6. Mother's Maiden Name Bertner
7. Mother's Birthplace Germany
8. Full Name of Father Walt. Breis
9. Father's Occupation Sailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sarah C. C. C.
- Address 32 E. Saraland St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32378

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 23<sup>rd</sup> July 1879
4. Place of Birth (Street and Number) 384 Baltimore St.
5. Full Name of Mother Klement Albert
6. Mother's Maiden Name Burger
7. Mother's Birthplace M. H.
8. Full Name of Father Geo. Albert
9. Father's Occupation Officer
10. Father's Birthplace M. H.
- Name of Medical Attendant, or other Person who makes this Return. Sarah Carper
- Address 52 E. Second St. A
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



32379

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2d  
Female

2. Race or Color (if not of the white race)

3. Date of Birth

July 22 - 1879

4. Place of Birth (Street and Number)

135 S. Eden St.

5. Full Name of Mother

Mary Sewell

6. Mother's Maiden Name

Jaeger

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George S. Sewell

9. Father's Occupation

Turner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address

151 E. Pratt.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

11

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

July 22. 1/79  
24/1 dover 1st

4. Place of Birth (Street and Number)

24/1/18

5. Full Name of Mother

6. *Mother's Maiden Name*

Rachel Ann dural

### 7. Mother's Birthplace

Prin. geo. 180

8. *Full Name of Father*

unmarried

### 9. Father's Occupation

### 10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Abholat Proctor  
no 10 Barton st

**Address**

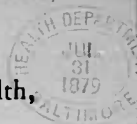
76 10 Barton St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32381



To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex (state whether ~~Male~~ or Female).....

2. Race or Color (if not of the white race) *White.*

3. Date of Birth *July 22<sup>nd</sup> 1879*

4. Place of Birth (Street and Number) *110 S. Ann St.*

5. Full Name of Mother *Keturah Tyndall*

6. Mother's Maiden Name *Keturah Tyndall*

7. Mother's Birthplace *Baltimore City, Md.*

8. Full Name of Father *Joseph Alexander Tyndall*

9. Father's Occupation *General Laborer*

10. Father's Birthplace *Baltimore City, Md.*

Name of Medical Attendant, or other Person who makes this return *Nicholas L. Garrison*

Address *217 S. Broadway*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 22 1879 7 O'clock A.M.*
4. Place of Birth (Street and Number) *88 Cedar Alley*
5. Full Name of Mother *B. M. Jones*
6. Mother's Maiden Name
7. Mother's Birthplace *Accomac Co. Va*
8. Full Name of Father *Alexandria Jones*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Accomac Co. Va*
- Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*
- Address *71 Burgundy Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32383

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 22 1879 at 2 O'clock P.m.*
4. Place of Birth (Street and Number) *No. 1 Warner Street*
5. Full Name of Mother *Margret Finney*
6. Mother's Maiden Name
7. Mother's Birthplace *Accomac Co. Va*
8. Full Name of Father *Phillip Finney*
9. Father's Occupation *Deapman*
10. Father's Birthplace *Accomac County Va*
- Name of Medical Attendant, or other Person who makes this Return. *Heborah Thomas*
- Address *11 Broadway Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32354

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *22nd July*
4. Place of Birth (Street and Number) *142 Pine St.*
5. Full Name of Mother *Emily ~~Haller~~ Kettlemull*
6. Mother's Maiden Name *Emily Haller*
7. Mother's Birthplace *md*
8. Full Name of Father *E. Isaac Kettlemull*
9. Father's Occupation *Newspaper Reporter*
10. Father's Birthplace *md*
- Name of Medical Attendant, or other Person who makes this Return. *J. Miller md*
- Address *89 W. Green St.*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
 1. Sex (state whether Male or Female) male  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth July 22<sup>nd</sup> 1879  
 4. Place of Birth (Street and Number) 174 Edmondson Avenue  
 5. Full Name of Mother Rose Cossa  
 6. Mother's Maiden Name Murray  
 7. Mother's Birthplace New York  
 8. Full Name of Father G. H. Cossa  
 9. Father's Occupation Ship Broker  
 10. Father's Birthplace Italy  
 Name of Medical Attendant, or other Person who makes this Return. George Reynolds  
 Address 43 N. Calvert St  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



32386

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

66

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 22, 1877

4. Place of Birth (Street and Number)

W. Investitor No 38

5. Full Name of Mother

Marie Pertza

6. Mother's Maiden Name

Graf

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Franz Pertza

9. Father's Occupation

Tinner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Joh. Praegerich

Address

S. Walfs No 28

Remarks

Underage

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 22<sup>nd</sup> July 1879
4. Place of Birth (Street and Number) 13 High St.
5. Full Name of Mother Julia Maasberg
6. Mother's Maiden Name Casper
7. Mother's Birthplace Germany
8. Full Name of Father G. W. Maasberg
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Marat Casper
- Address 52 E. Lombard
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

22355

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
 1. Sex (state whether Male or Female)  
 2. Race or Color (if not of the white race)  
 3. Date of Birth  
 4. Place of Birth (Street and Number)  
 5. Full Name of Mother  
 6. Mother's Maiden Name  
 7. Mother's Birthplace  
 8. Full Name of Father  
 9. Father's Occupation  
 10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

*Eighth*  
*Male*  
*White*  
*July 22, 1879.*  
*257 Hollings St.*  
*Marcy Adams*  
*Snow*  
*Connecticut*  
*Geo. C. Adams*  
*Express Agent*  
*Connecticut*  
*John H. H. H.*  
*Dr. H. H. H.*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32359

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

July 22<sup>nd</sup>

4. Place of Birth (Street and Number)

No 216

Front st

5. Full Name of Mother

Olivia Dunn

6. Mother's Maiden Name

Olivia M<sup>rs</sup> Dunn

7. Mother's Birthplace

Ireland

8. Full Name of Father

Edward Dunn

9. Father's Occupation

Police man

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Ann Boyle

Address

216 N Front st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tuesday 22 July

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

22

4. Place of Birth (Street and Number)

Baltimore, Poppleton st. no 89

5. Full Name of Mother

Mrs. Mary Ganz

6. Mother's Maiden Name

Miss Mary Schildrick

7. Mother's Birthplace

In Calw. Germany

8. Full Name of Father

Mr. John Ganz Grocer

9. Father's Occupation

10. Father's Birthplace

Bockendorf Hesse

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Seback

Address

W. Draft st. 739

Remarks

Nothing

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32391

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) "

3. Date of Birth July 22, 1882

4. Place of Birth (Street and Number) S. Fremont St. No. 132

5. Full Name of Mother Christiane Schmink

6. Mother's Maiden Name Christiane Diefenbach

7. Mother's Birthplace Darmstadt (Hessen)

8. Full Name of Father Charles Henry Schmink

9. Father's Occupation Brassfinisher

10. Father's Birthplace Diesen (Hessen)

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sebach

Address 439 W Pratt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32392

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child  
 1. Sex (state whether Male or Female) female  
 2. Race or Color (if not of the white race) colored  
 3. Date of Birth 22 July  
 4. Place of Birth (Street and Number) No 99 Laburg St  
 5. Full Name of Mother Adelia E Toomey  
 6. Mother's Maiden Name Adelia E Smith  
 7. Mother's Birthplace farmville, Va  
 8. Full Name of Father James H Toomey  
 9. Father's Occupation mission  
 10. Father's Birthplace Baltimore Md  
 Name of Medical Attendant, or other Person who makes this Return. Kabel Horn  
 Address No 6265 Montgomery St  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32293

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, etc.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23d July 1879*
4. Place of Birth (Street and Number) *121 Mulberry Street -*
5. Full Name of Mother *Julia M. McPaw*
6. Mother's Maiden Name *Julia M. Lowe*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *George M. McPaw*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Harford Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *W. M. M. M. D.*
- Address *146 Park Avenue*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32394

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth July 23  
 4. Place of Birth (Street and Number) 45, S. Ebersten St  
 5. Full Name of Mother Mary P. Watson  
 6. Mother's Maiden Name Gleason  
 7. Mother's Birthplace Baltimore City  
 8. Full Name of Father James E. Watson  
 9. Father's Occupation Police, Trade Sawyer  
 10. Father's Birthplace Baltimore City  
 Name of Medical Attendant, or other Person who makes this Return. A. J. Davenport  
 Address 194 Gough St  
 Remarks Baby weak, Mother doing well

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32395

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 128
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 23<sup>rd</sup> 1879
4. Place of Birth (Street and Number) 16 Washington St
5. Full Name of Mother Mary Link
6. Mother's Maiden Name Mary Link
7. Mother's Birthplace Germany
8. Full Name of Father Louis Link
9. Father's Occupation Thatcher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arnold
- Address 132 South Wolfe St.
- Remarks city



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth July 23 d 1879
4. Place of Birth (Street and Number) 369 Arlinstr.
5. Full Name of Mother Barbare Hugel
6. Mother's Maiden Name Barb. Schmuck
7. Mother's Birthplace America
8. Full Name of Father Georg Hugel
9. Father's Occupation Barber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger.
- Address 134 N. Bondstr.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32397

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White, American  
 3. Date of Birth July 23rd 1879  
 4. Place of Birth (Street and Number) 38 Denmark St.  
 5. Full Name of Mother Susan Selden  
 6. Mother's Maiden Name Baltzell  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Bothing Selden  
 9. Father's Occupation Clark  
 10. Father's Birthplace Virginia  
 Name of Medical Attendant, or other Person who makes this Return. J. C. Lindsay M.D.  
 Address 159 Park Ave  
 Remarks Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32398

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race)
3. Date of Birth 23 July 1879
4. Place of Birth (Street and Number) 60 Lenox St.
5. Full Name of Mother Emma Margraaf
6. Mother's Maiden Name Meitlheim
7. Mother's Birthplace U.S.
8. Full Name of Father John Margraaf
9. Father's Occupation Workingman
10. Father's Birthplace U.S.
- Name of Medical Attendant, or other Person who makes this Return. Sarah Casper
- Address 52 E. Seneca St.
- Remarks

of  
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32399

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 22 1879*  
 4. Place of Birth (Street and Number) *183 Front St*  
 5. Full Name of Mother *Ellen Pockroy*  
 6. Mother's Maiden Name *" Smith*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *Patrick Pockroy*  
 9. Father's Occupation *Driver*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. W. W. Smith*  
 Address *178 Maryland Ave*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

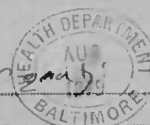
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32400

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 23 1877*  
 4. Place of Birth (Street and Number) *185 Front St*  
 5. Full Name of Mother *Annie Murray*  
 6. Mother's Maiden Name *" Murray*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *Martin Murray*  
 9. Father's Occupation *Watchman*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who make this Return. *A. B. Winsor*  
 Address *178 Harford Ave*  
 Remarks

MISSING  
 # 32401-3 240 2

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32403



To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth July 23rd. 1877
4. Place of Birth (Street and Number) No 45 Lombard str.
5. Full Name of Mother Hannah Hamburger
6. Mother's Maiden Name " David
7. Mother's Birthplace Poland
8. Full Name of Father Manes Hamburger
9. Father's Occupation Booker
10. Father's Birthplace Poland

Name of Medical Attendant, or other Person who makes this return

Address 113 E Lombard str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32404

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child  
Male



1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 23 1879

4. Place of Birth (Street and Number)

13 Paulding St  
Mary Eckhardt  
Parks

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

America  
Henry Eckhardt

8. Full Name of Father

9. Father's Occupation

Instrument maker  
Germany

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. Schickler midwife  
330 Hanover St.

Address

Remarks

Extract Regulations of the Board of Health to secure uniformity in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother: of such child or children.

# RETURN OF A BIRTH.

32405

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 23d 1879
4. Place of Birth (Street and Number) 86 Columbia Av. Baltimore Md
5. Full Name of Mother Augusta Seidenwitz
6. Mother's Maiden Name Augusta Kraus
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Charles Frederick Seidenwitz
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Marcus Mink
- Address 8 Sandapell Hill
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32406

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother ~~(state whether 1st, 2d, 3d, &c.)~~

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth 23<sup>rd</sup> July 1879

4. Place of Birth (Street and Number) #230 N. Carey

5. Full Name of Mother Lizzie C. Taylor

6. Mother's Maiden Name Carlisle

7. Mother's Birthplace

8. Full Name of Father Wm. C. Taylor

9. Father's Occupation Druggist

10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Geo. H. Lupton  
#1 N. Carey

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH



To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

First Female

Negro

July 23 1879

No 18 Pine St

Harriet Ann Thomas

Carpenter

Trinopolis, Md

Alexander Thomas

Hood Carrier

Quincy Jones, Co

C. M. Davis, M.D.

No 70 Mulberry St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Child*  
 1. Sex (state whether Male or Female) *Female.*  
 2. Race or Color (if not of the white race) *Wh.*  
 3. Date of Birth *July 28<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *9 Cross, St.*  
 5. Full Name of Mother *Dora Smith.*  
 6. Mother's Maiden Name *" Brady.*  
 7. Mother's Birthplace *Baltimore, Md.*  
 8. Full Name of Father *Joseph P. Smith.*  
 9. Father's Occupation *Solder Maker.*  
 10. Father's Birthplace *Balto City.*  
 Name of Medical Attendant, or other Person who makes this return *R. J. H. Tall, M.D.*  
 Address *15-2 Sharp St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



32409

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup> Child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

23 of July 1879

4. Place of Birth (Street and Number)

12, 249 1/2 Battery Avenue

5. Full Name of Mother

Jenny Gahnsen

6. Mother's Maiden Name

Jenny Rosenbrack

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Ralph Gahnsen

9. Father's Occupation

Sailor

10. Father's Birthplace

Bayern Germania

Name of Medical Attendant, or other Person who makes this Return.

Sakena Grishaber

Address

128 West St. Baltimore Md.

Remarks

20

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) male
  2. Race or Color (if not of the white race) Colored
  3. Date of Birth July 23<sup>d</sup>
  4. Place of Birth (Street and Number) Vincent Stly 54
  5. Full Name of Mother Laura Alvia Burr
  6. Mother's Maiden Name Laura Alvia Gault
  7. Mother's Birthplace Baltimore County
  8. Full Name of Father William Burr
  9. Father's Occupation Gardener
  10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Martina Moore Midwife
- Address No 3 Claytons Row
- Remarks this has been delayed please excuse all

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 28<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *225 S. Centre*
5. Full Name of Mother *Jane Wynn*
6. Mother's Maiden Name *Jane Hamley*
7. Mother's Birthplace *Roscommon Ireland*
8. Full Name of Father *Thomas Joseph Wynn*
9. Father's Occupation *Carver*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. August G. Richmond*
- Address *185 S. E. St.*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32412

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *23d of July 1879*
4. Place of Birth (Street and Number) *Baltimore 1240 West Baltimore*
5. Full Name of Mother *Sophie Louise Maddox*
6. Mother's Maiden Name *Sophie Le Reuse*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Thomas Maddox*
9. Father's Occupation *scales maker*
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. *Ann Dumble 60 Throter*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32413

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *July 23<sup>d</sup> 1879*
4. Place of Birth (Street and Number) *Canton St near O'Donnell*
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name *Rose Preston*
7. Mother's Birthplace *Baltimore County Md.*
8. Full Name of Father *James Drayne*
9. Father's Occupation *Printer*
10. Father's Birthplace *Baltimore County Md.*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Martin*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



Return of a Birth in the City of Baltimore.

That any physician, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32414



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth July 23rd 1879  
 4. Place of Birth (Street and Number) 87 Green Street  
 5. Full Name of Mother Sarah E. Mallalieu  
 6. Mother's Maiden Name " " Sneed  
 7. Mother's Birthplace Baltimore County - Maryland  
 8. Full Name of Father Edward Mallalieu  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Carroll County - Maryland  
 Name of Medical Attendant, or other Person who makes this Return. Geo. Sibbons M.D.  
 Address 47 Edmondson Ave  
 Remarks /

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

July 23, 1879  
190 Harlem St  
Lucy W. Sperry  
Lucy W. Wilson  
Boynton, Va.  
R. B. Sperry  
Clerk  
N. Carolina  
W. L. Howard  
181 Madison St.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32416

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First  
Male  
White  
July 23 1879  
63 Elliott St  
Kara McLean

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

O'Hara  
Dulan B  
Charles McLean  
Blacksmith  
Bates Ind  
E D Williams Ind  
17 Poluxent St

Name of Medical Attendant, or other Person who makes this Return.

Address...

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *May 23<sup>rd</sup> 1879*

4. Place of Birth (Street and Number) *386 Myrtle av*

5. Full Name of Mother *Fannie M. McEany*

6. Mother's Maiden Name *Fannie M. Herister*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Wm. J. McEany*

9. Father's Occupation *Clerk*

10. Father's Birthplace  *Dublin*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Geo. Reynolds M.D.  
43 North Calvert St*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32418



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth July 24<sup>th</sup> 1879

4. Place of Birth (Street and Number) 187 Forest St.

5. Full Name of Mother Mary Elmina Lohrfink

6. Mother's Maiden Name Mary Elmina Leaman

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Robert North Lohrfink John

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. Geo. Walla M.D.

Address 27 N. Princes St.

Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

32419

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.) 7th  
(state whether Male or Female) Female  
Race or Color (if not of the white race) White race  
Date of Birth July the 24  
Place of Birth (Street and Number) Logan Street Baltimore  
Full Name of Mother Ellen Williams  
Mother's Maiden Name Ellen Mayhew  
Mother's Birthplace Baltimore  
Full Name of Father John Williams  
Father's Occupation Laborer  
Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Elizabeth Heather  
Address port ave st 42  
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32420



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Light complexion*
3. Date of Birth *July 24<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *N. 101 Hargrove Al.*
5. Full Name of Mother *Mary Wallace*
6. Mother's Maiden Name *Johnson*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *John Wallace*
9. Father's Occupation *Whitewasher*
10. Father's Birthplace *Annapolis A. C. Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address *# 416 Hamilton St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 25



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 24<sup>th</sup> 1879

4. Place of Birth (Street and Number) 217 Ann St.

5. Full Name of Mother Teresia Bloer

6. Mother's Maiden Name Teresia Gabel

7. Mother's Birthplace Germany

8. Full Name of Father Christian Bloer

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arnold

Address 132 South 11th St.

Remarks OK



**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.** *July 24<sup>th</sup> 1879*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 24<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *255 Durham Street*

5. Full Name of Mother *Parascha Dussan*

6. Mother's Maiden Name *Parascha Dussan*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Vincent Little*

9. Father's Occupation *Painter*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return *Rev. Mary Ann*

Address *137 South Wolfe*

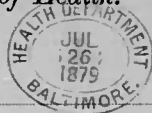
Remarks *Call*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Whipple  
July 26 1879  
17 North 4th St.  
Fannie C. Sampson  
Fannie C. Moore  
Louisville, Ky.  
George W. Sampson  
Merchant  
Baltimore City, Md.  
John R. Moore, M.D.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April 24<sup>th</sup> 1879

4. Place of Birth (Street and Number) 1181 S. Baltimore St.

5. Full Name of Mother Pauline James

6. Mother's Maiden Name Schmidt

7. Mother's Birthplace City

8. Full Name of Father Carl James

9. Father's Occupation Carpenter

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this return. Mrs. Elizabeth B. B. B.

Address 245 Canton Place

Remarks

72.142.5

A circular ink stamp from the Baltimore Health Department. The words "HEALTH DEPARTMENT" are curved along the top inner edge, and "BALTIMORE." is curved along the bottom inner edge. In the center, the date "31 1879" is stamped. Overlaid on the stamp is the word "Health" in a large, stylized, handwritten-style font.

- 8th

8  
A. Bate

H. White

24

<sup>189</sup> 198 North - West - Street

Feb 2, 1892

Sept. 1899

57. Land

Victor, Emma

Similar

Island

Александр Григорьевич Яковлев

urn. *Alnus incana*  
№ 26. R. Linn. 1804

Remarks \_\_\_\_\_

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

**To the Office of Registrar of Vital Statistics, Board of Health.**  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth July 24th 1879
4. Place of Birth (Street and Number) Greenmount Ave
5. Full Name of Mother Lissam Fosterman
6. Mother's Maiden Name " Wheland
7. Mother's Birthplace Bath Ma
8. Full Name of Father Phas Fosterman
9. Father's Occupation Ice Dealer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Annie Mesenreich (wife)
- Address 138 Penna Ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 24<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *135 Thomas St.*
5. Full Name of Mother *Nancy Ann Moody*
6. Mother's Maiden Name *Mary A. Brown*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *William Moody*
9. Father's Occupation *Mariner*
10. Father's Birthplace *Maine*
- Name of Medical Attendant, or other Person who makes this return *Nicholas L. Delkell*
- Address *207 E. Broadway*
- Remarks \_\_\_\_\_

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32428

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 24 = 1879

4. Place of Birth (Street and Number) Mary Toy 1562 Washington

5. Full Name of Mother Mary Whalen

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father Patrick Toy

9. Father's Occupation Labor

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Miss C. Toy

Address 123 So Chester st

Remarks Healthy. E

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32429

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 24th 1879*

4. Place of Birth (Street and Number) *No 609 St. Fayette St.*

5. Full Name of Mother *Alice Maynard Perkins*

6. Mother's Maiden Name *Johnson*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *Charles Henry Perkins*

9. Father's Occupation *Wholesale Hardware Manufacturer*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *Perbrook W. Hembel M.D.*

Address *No 203 St. Lombard St.*

Remarks



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32430

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *24th July*

4. Place of Birth (Street and Number) *86 Poppleton St.*

5. Full Name of Mother *Minnie Rachel Gehler*

6. Mother's Maiden Name *Minnie Bucher*

7. Mother's Birthplace *MD*

8. Full Name of Father *Wm Gehler*

9. Father's Occupation *Gold beater*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *J. M. Keller, M.D.*

Address *87 N. Green St.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

July 24, 1879  
W. Wolfstr No 22  
Elisabeth Uehel  
Ulphorn  
London  
Heinrich Uehel  
Tinsmith  
Boerem  
Herr Johannes Traupach  
W. Wolfstr No 28  
Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 24 - 1879

4. Place of Birth (Street and Number)

1039 S. Street

5. Full Name of Mother

Mary L. Bowen

6. Mother's Maiden Name

Mary L. Bowen

7. Mother's Birthplace

James C. Bowen

8. Full Name of Father

Paper Hanger

9. Father's Occupation

Baltimore

10. Father's Birthplace

Mary A. McNeill

Name of Medical Attendant, or other Person who makes this Return.

Address 156 McDonogh St

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Negro*  
 3. Date of Birth *July 24<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *44 Gravel Alley*  
 5. Full Name of Mother *Mary Wallace*  
 6. Mother's Maiden Name *" Johnston*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *John Wallace*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Annapolis Md*  
 Name of Medical Attendant, or other Person who makes this Return. *J. E. Ward M.D.*  
 Address *127 St Paul St*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female.  
White.  
July 24th.  
1 No. 66 Richmond St. Baltimore.  
Mary Elizabeth Davies.  
Mary Elizabeth Gordon.  
Baltimore.  
John Davies.  
Teacher.  
New York.  
New Sebaste  
439 W Pratt St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> Child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24 of July 1879
4. Place of Birth (Street and Number) 166 Laidenhal St.
5. Full Name of Mother Ellena Forster
6. Mother's Maiden Name Ellena Rennels
7. Mother's Birthplace Richmond, Va.
8. Full Name of Father George Forster
9. Father's Occupation Sailor
10. Father's Birthplace Bayern Germania
- Name of Medical Attendant, or other Person who makes this Return. Salena Grishaker
- Address No. 128 West St. Baltimore Md.
- Remarks ac

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10. id.*  
 1. Sex (state whether Male or Female) *Males*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *July 24<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *Johnson Street N<sup>o</sup> 18.*  
 5. Full Name of Mother *Anna E. Hartlein*  
 6. Mother's Maiden Name *Anna E. Michling.*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Michael Hartlein.*  
 9. Father's Occupation *Saler*  
 10. Father's Birthplace *Baltimore M. d.*  
 Name of Medical Attendant, or other Person who makes this Return *Dorothy B. Burre*  
 Address *N<sup>o</sup> 114 Battery St.*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32437

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Twenty fourth of July

4. Place of Birth (Street and Number)

Cicada St No 147

5. Full Name of Mother

Katie Köllner

6. Mother's Maiden Name

Katie Reitz

7. Mother's Birthplace

Hessen Darmstadt

8. Full Name of Father

August Köllner

9. Father's Occupation

Carpet Weaver

10. Father's Birthplace

Sachs Gotha

Name of Medical Attendant, or other Person who makes this Return.

Midwife Mrs. Dumbard

Address

60 Schrock

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32438



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth July 24/79
4. Place of Birth (Street and Number) 250 N. High St.
5. Full Name of Mother H. A. Fitzgerald
6. Mother's Maiden Name " M. Laughlin
7. Mother's Birthplace Balto.
8. Full Name of Father Michael E. Fitzgerald
9. Father's Occupation Latner.
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other Person who makes this Return. Edward P. Morris
- Address 137 N. Green St.
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 24th 79*
4. Place of Birth (Street and Number) *92 Boyd St*
5. Full Name of Mother *Hester Small*
6. Mother's Maiden Name *Sellers*
7. Mother's Birthplace *Balt Co*
8. Full Name of Father *Wm W Small*
9. Father's Occupation
10. Father's Birthplace *Howard Co*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Hunter*
- Address
- Remarks

*Birth Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32440

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 24 1878*  
 4. Place of Birth (Street and Number) *25 Scott St*  
 5. Full Name of Mother *Kate McConville*  
 6. Mother's Maiden Name *Kate McLean*  
 7. Mother's Birthplace *County Limerick Ireland*  
 8. Full Name of Father *Hugh McConville*  
 9. Father's Occupation *Carpenter*  
 10. Father's Birthplace *County Limerick Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Hunter*  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32,441

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth July 24<sup>th</sup> 1879
4. Place of Birth (Street and Number) 1 Orleans St # 336
5. Full Name of Mother Katharine Weimbeck
6. Mother's Maiden Name " Kleinfelter
7. Mother's Birthplace Bavaria Germany
8. Full Name of Father George Weimbeck
9. Father's Occupation Painter
10. Father's Birthplace Bavaria Germany
- Name of Medical Attendant, or other Person who makes this Return. M. W. K. Hilg
- Address 1871 Hill and St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

324421



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 25<sup>th</sup> 1879
4. Place of Birth (Street and Number) Patterson Ave No 107
5. Full Name of Mother Opadora ~~Post~~ Wright
6. Mother's Maiden Name Opadora Wright Post
7. Mother's Birthplace Fredrick City Md
8. Full Name of Father George W. Wright
9. Father's Occupation Grocer
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who make this Return. L. C. Spanow Md
- Address No 427 Stricker St
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32443

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 26th 1879

4. Place of Birth (Street and Number)

305 Druid Hill Avenue

5. Full Name of Mother

Lillie Bard Edie

6. Mother's Maiden Name

Lillie Jane Bard

7. Mother's Birthplace

Allegheny City - Pa.

8. Full Name of Father

Wm. Alexander Edie

9. Father's Occupation

Minister of the Gospel

10. Father's Birthplace

Allegheny County - Pa.

Name of Medical Attendant, or other Person who makes this Return.

A. P. M. M. M. M. M.

Address

146 Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32444



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3<sup>rd</sup>)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 1879*
4. Place of Birth (Street and Number) *No. 104 N. Caroline St.*
5. Full Name of Mother *Mrs. Julia A. Callis*
6. Mother's Maiden Name *Mrs. Julia A. Mattjen*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Mr. Wm. J. Callis*
9. Father's Occupation *Booklayer*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return *Wm. H. Plummer M.D.*
- Address *No. 102 N. Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth *July 25 1879*

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

*White*

*July 25 1879*

*North St. No. 6*

*Elise Winter*

*Elise Winter*

*Baltimore, Md.*

*John Winter*

*Labourer*

*Baltimore*

*Mary E. Miller*

*W. Dallas St. No. 4, E.C.*

*deed born*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



32446

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *1111*

3. Date of Birth *29 of July*

4. Place of Birth (Street and Number) *Summers Court*

5. Full Name of Mother *Rebecca Jane Reilly*

6. Mother's Maiden Name *Hayes*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Patrick Reilly*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Charles C. Leary*

Address *369 Cathedral St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39447

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
- Sex (state whether male or female) Male
- Race or Color (if not of the white race)
- Date of Birth July 25<sup>th</sup> 1879
- Place of Birth (Street and Number) 197 8<sup>th</sup> Ave. N. E.
- Full Name of Mother Elizabeth Cleic
- Mother's Maiden Name Katz
- Mother's Birthplace Germany
- Full Name of Father Charles Cleic
- Father's Occupation Gas Fitter
- Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Betz
- Address 245 Cantonment Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32448

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 25<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *N. W. Cor. Patterson Ave & Fremont*
5. Full Name of Mother *Mary Keady*
6. Mother's Maiden Name *Mary Keady*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Jeremiah Keady*
9. Father's Occupation *Store Keeper*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Edw. J. McHollan*
- Address *279. W. Lombard St -*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- 32449
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> 18*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 25<sup>th</sup> 79*
4. Place of Birth (Street and Number) *No 48 David Hill Av*
5. Full Name of Mother *Mary Becker*
6. Mother's Maiden Name *Mary Linenberg*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Sam Becker*
9. Father's Occupation *Liquor Store*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. A. C. Grogan*
- Address *No 182 E Monument St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



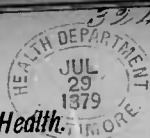
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *male Child*
2. Race or Color (if not of the white race) *Colored male*
3. Date of Birth *July the 25. 1879*
4. Place of Birth (Street and Number) *509 McEldry St Baltimore*
5. Full Name of Mother *Margaret Dockkings*
6. Mother's Maiden Name *Margaret Kuthenel*
7. Mother's Birthplace *Dorchester County Md*
8. Full Name of Father *Charles Dockkings*
9. Father's Occupation *Labour*
10. Father's Birthplace *Dorchester County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woolford*
- Address *130 Regester St Baltimore Md*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>d</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 25<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *77 Portland St*

5. Full Name of Mother *Mary Elizabeth Meyers*

6. Mother's Maiden Name *Wagner*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Jacob Meyers*

9. Father's Occupation *Cigar Maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Seebach*

Address

Remarks

# RETURN OF A BIRTH.

32452

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d  
Sex (state whether Male or Female) female  
Race or Color (if not of the white race) white race  
Date of Birth July 25  
Place of Birth (Street and Number) Baltimore Street  
Full Name of Mother Eliza G. Galt  
Mother's Maiden Name Yellow  
Mother's Birthplace Baltimore  
Full Name of Father George Galt  
Father's Occupation laborer  
Father's Birthplace Germany  
Name of Medical Attendant, or other Person who makes this Return. Eliza G. Galt  
Address 1002 Fair St  
Remarks

The physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32453

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *This is the second*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *26 of July*
4. Place of Birth (Street and Number) *118 Cedar St*
5. Full Name of Mother *Mrs Lizzie Kattenbach Balt*
6. Mother's Maiden Name *Lizzie Pieper Balt*
7. Mother's Birthplace *Montgomery St*
8. Full Name of Father *Friedrich Kattenbach Jr Balt*
9. Father's Occupation *Glass Blower*
10. Father's Birthplace *William St Balt*
- Name of Medical Attendant, or other Person who makes this Return. *Muchin*
- Address *8 S. 1st St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

324521

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 25th 1877*
4. Place of Birth (Street and Number) *No 905 Leadenhall Str*
5. Full Name of Mother *Christina Frank*
6. Mother's Maiden Name *Christina Schraab*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Schraab Frank*
9. Father's Occupation *Shoe Cutter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. W. Birch*
- Address *8 Laneau Hill Rd*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
  2. Race or Color (if not of the white race) white
  3. Date of Birth 25th July
  4. Place of Birth (Street and Number) 1113, Townsend St
  5. Full Name of Mother Ernestine Schumann Keller
  6. Mother's Maiden Name Ernestine Schumann
  7. Mother's Birthplace md
  8. Full Name of Father Daniel E. Keller
  9. Father's Occupation Cutcher
  10. Father's Birthplace md
- Name of Medical Attendant, or other Person who makes this Return. J. Keller m.d.
- Address 89 Avenue St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39,436



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

July 25, 1879

4. Place of Birth (Street and Number)

15 N.pton st

5. Full Name of Mother

Liza Stevens

6. Mother's Maiden Name

Liza Lee

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas. Stevens

9. Father's Occupation

Labourer

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Chas. H. proctor

Address

10 Carlton st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth July 25, 1899
4. Place of Birth (Street and Number) 111 N. Mount St
5. Full Name of Mother Susan M. Murray
6. Mother's Maiden Name Wheat
7. Mother's Birthplace York Pa
8. Full Name of Father James M. Murray
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. John J. Williams
- Address 111 N. Mount St
- Remarks \_\_\_\_\_

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

32458



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First,*  
 1. Sex (state whether Male or Female) *Male,*  
 2. Race or Color (if not of the white race) *White,*  
 3. Date of Birth *July 25, 1879.*  
 4. Place of Birth (Street and Number) *109 S. Sticksy St.,*  
 5. Full Name of Mother *Nevra B. White,*  
 6. Mother's Maiden Name *Robinson,*  
 7. Mother's Birthplace *Balt. Co.*  
 8. Full Name of Father *E. W. N. White,*  
 9. Father's Occupation *Drainman,*  
 10. Father's Birthplace *Balt. City,*  
 Name of Medical Attendant, or other Person who makes this Return. *J. L. Kyle M.D.*  
 Address *247 Lauvale St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32459

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mary Virginia Nicol



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>  
Female  
White.

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 25 1879

4. Place of Birth (Street and Number)

475 E. Lombard St.

5. Full Name of Mother

Mary Virginia Nicol

6. Mother's Maiden Name

Mary Virginia Seale.

7. Mother's Birthplace

St. Paulina.

8. Full Name of Father

John W. Nicol

9. Father's Occupation

Optic Packer.

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. W. Buck

Address

75 E. Balt. St.

Remarks

CERTIFICATE ACCEPTED

4-2-54

h. M.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32460

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *1<sup>h</sup> 40<sup>m</sup> P.M. 25th July, 1879.*  
 4. Place of Birth (Street and Number) *529 W. Fayette St, Balto. Md*  
 5. Full Name of Mother *Margaret Theresa Smith*  
 6. Mother's Maiden Name *Margaret Theresa McCoy*  
 7. Mother's Birthplace *Baltimore City, Maryland*  
 8. Full Name of Father *Andrew Jackson Smith*  
 9. Father's Occupation *Painter at Mr. Blair's Work Shops*  
 10. Father's Birthplace *Prince George's County, Maryland - Laurel*  
 Name of Medical Attendant, or other Person who makes this Return. *Wm. J. Wroth M.D.*  
 Address *236 W. Howard St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32461

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Coloured*
3. Date of Birth *July 25 1879*
4. Place of Birth (Street and Number) *Balt Little green St No 66*
5. Full Name of Mother *Rachel Amothers*
6. Mother's Maiden Name *Irish*
7. Mother's Birthplace *Anne Arundel Co*
8. Full Name of Father *Franklin Amothers*
9. Father's Occupation *Steamboat*
10. Father's Birthplace *Anne Arundel Co*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Mr Francis Franby*



# RETURN OF A BIRTH.

32462

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

(state whether ~~Male~~ or Female) \_\_\_\_\_

or Color (if not of the white race) \_\_\_\_\_

of Birth \_\_\_\_\_

of Birth (Street and Number) \_\_\_\_\_

Name of Mother \_\_\_\_\_

er's Maiden Name \_\_\_\_\_

er's Birthplace \_\_\_\_\_

Name of Father \_\_\_\_\_

er's Occupation \_\_\_\_\_

er's Birthplace \_\_\_\_\_

ne of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

treas \_\_\_\_\_

marks \_\_\_\_\_

*July 28<sup>th</sup> 1879*  
*187 J. Fulton St*  
*Mrs. Houseman*  
*Chipman*  
*Baltimore, Md*  
*William E. Houseman*  
*Liv. Stock Broker*  
*Baltimore, Md*  
*Mr. McMur*  
*382 N. Fayette St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Male  
white

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 25/79  
192 E. Balto. St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Caroline Southcomb  
Caroline Thompson

6. Mother's Maiden Name

7. Mother's Birthplace

St. Marys Co. Md.

8. Full Name of Father

Chas. P. Southcomb

9. Father's Occupation

Wire Worker

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

Dr. B. W. Mansfield  
117 S. Broadway

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32464

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth July 25th. 1879  
 4. Place of Birth (Street and Number) No. 403 Franklin St  
 5. Full Name of Mother Hellie Hoemen  
 6. Mother's Maiden Name Jones  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Amos H. Hoemen  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Chas. W. Hoff  
 Address 306 W. Gay St  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32465

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

*Eighth Female*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

*July 25<sup>th</sup> 1879*

4. Place of Birth (Street and Number)

*120 Harmony Lane*

5. Full Name of Mother

*Elizabeth Bachman*

6. Mother's Maiden Name

*Heisel*

7. Mother's Birthplace

*Germany*

8. Full Name of Father

*George Frederick Bachman*

9. Father's Occupation

*Shoemaker*

10. Father's Birthplace

*Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Sommerfeldt  
Pennsylvania Av. City*

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

5<sup>th</sup>

1. Sex (state whether Male or Female)...

male

2. Race or Color (if not of the white race)...

White

3. Date of Birth...

July 26<sup>th</sup> 1879

4. Place of Birth (Street and Number)...

Baltimore Sharp St No 110

5. Full Name of Mother...

Lizzie Reed

6. Mother's Maiden Name...

Pennington

7. Mother's Birthplace...

Dorchester County

8. Full Name of Father...

W W Reed

9. Father's Occupation...

Manufacturer of Tonic Beer

10. Father's Birthplace...

Dorchester County

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Scarborough

Address

No 220 Montgomery St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32468

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

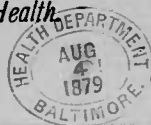


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 26 July
4. Place of Birth (Street and Number) 22 Valley St
5. Full Name of Mother Elizabeth M Sewing
6. Mother's Maiden Name Blakely
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles H Sewing
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. J. Chrissner
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of the City within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (X not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

July 26 1879

418 E. Chase

Annie H. Douglass

Heaser  
Baltimore City

George H. Douglass

Plasterer

A. A. Co. M.D.

W. H. White, M.D.

361 N. Broadway



That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

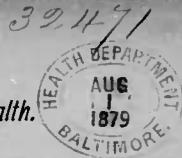
To the Office of Registrar of Vital Statistics, Board of Health.  
 BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *26th of July.*
4. Place of Birth (Street and Number) *306 Greenmount ave.*
5. Full Name of Mother *Mary Harris*
6. Mother's Maiden Name *Spangler.*
7. Mother's Birthplace *Pennsylvania.*
8. Full Name of Father *Isaac Harris.*
9. Father's Occupation *Moulder.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crasby*
- Address *319 Cathedral St.*
- Remarks \_\_\_\_\_

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 26 - 1879
4. Place of Birth (Street and Number) Theresa Butt 77 Biddle St
5. Full Name of Mother John L Butt
6. Mother's Maiden Name Theresa Seidle
7. Mother's Birthplace Baltimore Co
8. Full Name of Father Theresa Butt
9. Father's Occupation Store Keeper
10. Father's Birthplace Baltimore Co
- Name of Medical Attendant, or other Person who makes this Return. Louisa Overton
- Address 10 Wolf Street
- Remarks Live Born

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar afterwards, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *July 26th 1879*
4. Place of Birth (Street and Number) *216 S. Charles St*
5. Full Name of Mother *Mary Dick*
6. Mother's Maiden Name *Lapphan*
7. Mother's Birthplace *America*
8. Full Name of Father *William Light*
9. Father's Occupation *Harness maker*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *J. Teobocasser midwife*
- Address *330 Hanover St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

321173

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth.  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 26<sup>th</sup> 1879

4. Place of Birth (Street and Number)

317 W. Middle St.

5. Full Name of Mother

Mary Ella Nelson

6. Mother's Maiden Name

Townsend

7. Mother's Birthplace

Worcester County, Md.

8. Full Name of Father

Francis Fletcher Nelson

9. Father's Occupation

Carpenter

10. Father's Birthplace

Worcester County Md.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32474

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 26th 1879*
4. Place of Birth (Street and Number) *No 1 Penn St B.C.*
5. Full Name of Mother *Elizabeth Valerica Benson*
6. Mother's Maiden Name *" " Lindemann*
7. Mother's Birthplace *Anne Arundel County Ind.*
8. Full Name of Father *Joseph Kelly Benson*
9. Father's Occupation *Commission Merchant*
10. Father's Birthplace *Anne Arundel County Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *Pembroke M. Stember M.D.*
- Address *No 203 W. Lombard St.*
- Remarks *Bapt.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childr born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32475-

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

324-76

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

26 July

4. Place of Birth (Street and Number)

271 Cross St.

5. Full Name of Mother

Anna Seibold

6. Mother's Maiden Name

Seibold

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Geo Seibold

9. Father's Occupation

Confectioner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Cook

Address

32 South Water St.

Remarks

# RETURN OF A BIRTH.

32477

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *White*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 26th 1879.*
4. Place of Birth (Street and Number) *#176 S. Caroline St.*
5. Full Name of Mother *Cath. J. Butt*
6. Mother's Maiden Name *Cath. Finn*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *Joseph Butt*
9. Father's Occupation *Ship Balto.*
10. Father's Birthplace *San Francisco*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary E. Quinn*
- Address *#171 S. Washington St.*
- Remarks *A six months child born before time.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or nurse at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name of the mother, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3)<sup>d</sup> third
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth July 26<sup>th</sup>
4. Place of Birth (Street and Number) 178 Portland St
5. Full Name of Mother Annie G. Donovan
6. Mother's Maiden Name Annie Dundon
7. Mother's Birthplace Limerick Ireland
8. Full Name of Father Michael J. Donovan
9. Father's Occupation Porter
10. Father's Birthplace Cork Ireland
- Name of Medical Attendant, or other Person who makes this Return Mrs. Leaboe/R
- Address 424 W. Pratt St
- Remarks

# RETURN OF A BIRTH.

321179

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>d</sup>

1. ~~Sex (state whether male or female)~~

2. Race or Color (if not of the white race) White

3. Date of Birth July 26, 1879

4. Place of Birth (Street and Number) No 41 Lancaster St.

5. Full Name of Mother Margrethe Bettner

6. Mother's Maiden Name " " Wenzel

7. Mother's Birthplace Baltimore

8. Full Name of Father John Bettner

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address 236 Canton Av

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

32480

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 26 1879*

4. Place of Birth (Street and Number) *71 1/2 Broadway*

5. Full Name of Mother *Line Lapsley*

6. Mother's Maiden Name *Petroff*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *The Lapsley*

9. Father's Occupation *Agent*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Louise Kraft*

Address *236 Canton st*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

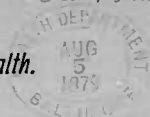
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32481  
32482



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> Confinement
1. Sex (state whether Male or Female) Swinsone female one male
2. Race or Color (if not of the white race) W
3. Date of Birth 26<sup>th</sup> July 1879
4. Place of Birth (Street and Number) 53 Warner av.
5. Full Name of Mother Minnie Pearson
6. Mother's Maiden Name " Rogers
7. Mother's Birthplace Balt. city
8. Full Name of Father Wm. Pearson
9. Father's Occupation Police officer
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. H. W. Nebst, M.D.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

32483

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Smith

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

26<sup>th</sup> July

4. Place of Birth (Street and Number)

No. 23 Poppleton St

5. Full Name of Mother

Elizabeth Roberson  
Wright

6. Mother's Maiden Name

"  
Guland

7. Full Name of Father

Andrew Roberson

8. Father's Occupation

~~Wright~~ Clerk

10. Father's Birthplace

Pralland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary Horrigan

Address

No 112 Scott St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 27 July
4. Place of Birth (Street and Number) Ed. E. Madison St
5. Full Name of Mother Annie M. Hall
6. Mother's Maiden Name Hubard
7. Mother's Birthplace Baltimore
8. Full Name of Father Jessie Hall
9. Father's Occupation Can. Mariner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Asaph T. Whisman
- Address No. 1 Forest Hill
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 27<sup>th</sup> 79

4. Place of Birth (Street and Number)

No 56 Redlight St

5. Full Name of Mother

Mina Roth

6. Mother's Maiden Name

Mina Mandagar

7. Mother's Birthplace

Germany

8. Full Name of Father

Fredrick Roth

9. Father's Occupation

Carver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J G W. Wombles Esq

Address

No 203 W. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32486

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11<sup>th</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 27<sup>th</sup> 1879

4. Place of Birth (Street and Number)

17 1<sup>st</sup> St. W. of 25

5. Full Name of Mother

Jessie Gerney

6. Mother's Maiden Name

" Mc Gowan

7. Mother's Birthplace

Ct.

8. Full Name of Father

John Gerney

9. Father's Occupation

Painter

10. Father's Birthplace

Ct.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Boland

Address

144 1/2 Union Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The 11th Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *of the Colored Race*
3. Date of Birth *on the 27 of July*
4. Place of Birth (Street and Number) *at No 306 S Howard St*
5. Full Name of Mother *Alvinda Grace*
6. Mother's Maiden Name *Alvinda Spene*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Edward Grace*
9. Father's Occupation *an Arab*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *July Ann Spene*
- Address *No 314 S Howard St Baltimore*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32488

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 27 July 1879
4. Place of Birth (Street and Number) Baltimore Chesnut Street 153
5. Full Name of Mother Leanneth Edgelysh Elliott
6. Mother's Maiden Name Smith
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Thomas Elliott
9. Father's Occupation born Baker
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. C. B. Johnson
- Address 226 E. Pratt Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Children

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth.

27. 27 of July, 1879

4. Place of Birth (Street and Number)

No. 586 Canara St.

5. Full Name of Mother

Sahra Glepper

6. Mother's Maiden Name

Sahra Richmond

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Glepper

9. Father's Occupation

Sailor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Salmon Grisham

Address

No. 128 West St. Baltimore Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32.490

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

July 27, 1879  
S. Wolfsto No 71  
Anna Pfeiffer  
Hessler  
Friesen Bremen  
Johan Pfeiffer  
Hauptwerker  
Legenhard Bremen  
Mey Johanne Braunsch  
S. Wolfsto No 28  
and wife

# RETURN OF A BIRTH.

32491

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 27th 1879

4. Place of Birth (Street and Number)

22 Payson St

5. Full Name of Mother

Maggie Roden

6. Mother's Maiden Name

Maggie Revell

7. Mother's Birthplace

Ireland

8. Full Name of Father

Bernard Roden

9. Father's Occupation

Moulder

10. Father's Birthplace

Balto. Md

Name of Medical Attendant, or other Person who makes this Return.

J. H. Saxton M.D.

Address

523 Lexington St

Remarks

Instrumental Delivery

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

and Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



32492

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 27<sup>th</sup> 1877
4. Place of Birth (Street and Number) Baltimore Bridge Street No 14
5. Full Name of Mother Mary Summers
6. Mother's Maiden Name Keen
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Summers
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. G. Mitchell
- Address No 142 Ramsey St.
- Remarks

# RETURN OF A BIRTH.

32493

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**



Child of Mother, (state whether 1st, 2d, 3d, &c.) 1  
(state whether Male or Female) female  
Race or Color (if not of the white race) colored  
Date of Birth July 7  
Place of Birth (Street and Number) plum alley no 84  
Full Name of Mother Sophie Carnar  
Mother's Maiden Name Sophie Whitten  
Mother's Birthplace Baltimore  
Full Name of Father John Carnar  
Father's Occupation appt. Shuch  
Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this return Caroline M. Lawrence  
Address 973 Jared st  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

324957

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 fourth*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *July 27<sup>th</sup> 1879.*

4. Place of Birth (Street and Number) *City Baltimore NW 8<sup>th</sup> Kensington*

5. Full Name of Mother *Louise Zarnitz*

6. Mother's Maiden Name *Louise Kessler*

7. Mother's Birthplace *Baden*

8. Full Name of Father *August Zarnitz*

9. Father's Occupation *Tailor*

10. Father's Birthplace *Prussia*

Name of Medical Attendant, or other Person who makes this Return.

Address *Home Dundas 60 Schroder*

Remarks



# RETURN OF A BIRTH.

32495

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 24<sup>th</sup> 1879

4. Place of Birth (Street and Number)

501 N. Lombard St

5. Full Name of Mother

Mary Catherine Moran

6. Mother's Maiden Name

W. H. Huttard

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Richard W. Moran

9. Father's Occupation

Engineer

10. Father's Birthplace

Washington DC

Name of Medical Attendant, or other Person who makes this Return.

W. H. Huttard

Address

582 N. Huguenot

Remarks

# RETURN OF A BIRTH.

32496

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)

10<sup>th</sup>

Sex (state whether Male or Female)

Race or Color (if not of the white race)

Date of Birth

July 27<sup>th</sup> 1879

Place of Birth (Street and Number)

72 Fort Avenue

Full Name of Mother

Emma Trout

Mother's Maiden Name

Rippl

Mother's Birthplace

Maryland

Full Name of Father

John William Trout

Father's Occupation

Conductor on Rail Road

Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

W. C. McNamee

Address

582 W. Fayette St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32497

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 2d*  
1. Sex (state whether Male or Female) *Boy*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *born Jan 24<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *No 247 E. Dallas St*  
5. Full Name of Mother *Babara Schimrmann*  
6. Mother's Maiden Name *Babara Drosch*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Henry Schimrmann*  
9. Father's Occupation *Hooster*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Friederike Raupmann*  
Address *No 197 E. Dallas St*  
Remarks *Home*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32498

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>d</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 27<sup>th</sup> 1879

4. Place of Birth (Street and Number)

211 Eastern ave

5. Full Name of Mother

Marie Geriken

6. Mother's Maiden Name

" " Freyken

7. Mother's Birthplace

Italy

8. Full Name of Father

Fredrick Geriken

9. Father's Occupation

Missionary

10. Father's Birthplace

Italy

Name of Medical Attendant, or other Person who makes this Return.

Louise Kraft

Address

236 Eastern ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 27 1879*
4. Place of Birth (Street and Number) *217 S. Ann St*
5. Full Name of Mother *Martha Shuttman*
6. Mother's Maiden Name *Anst*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Shuttman*
9. Father's Occupation *Captain*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Louise Kraft*
- Address *236 Canton ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup> Child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

27 July 1879

4. Place of Birth (Street and Number)

No 32 South Poppleton St

5. Full Name of Mother

Mary E Smith

6. Mother's Maiden Name

Mary E Hushback

7. Mother's Birthplace

Carroll County Md

8. Full Name of Father

Geo W Smith

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Maria Ann Hunter.

Address

No 21 North Poppleton St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32501

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *27th July 1879*
4. Place of Birth (Street and Number) *17 Henrietta*
5. Full Name of Mother *Sarah Addison*
6. Mother's Maiden Name *Sarah Wyeth*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Jayler Addison*
9. Father's Occupation *grocer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *H. W. Webster M.D.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth July 28 d. 1879
4. Place of Birth (Street and Number) 227 E. Monument St.
5. Full Name of Mother Marie Mitschell
6. Mother's Maiden Name Stroehler
7. Mother's Birthplace Germany
8. Full Name of Father Georg Mitschell
9. Father's Occupation Kaehler
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 W. Bond Str.
- Remarks \_\_\_\_\_



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *Feb 28th 1879*

4. Place of Birth (Street and Number) *101 Eastern Ave*

5. Full Name of Mother *Kate Wiesenpaffer*

6. Mother's Maiden Name *" Debus*

7. Mother's Birthplace *Germany*

8. Full Name of Father *David Wiesenpaffer*

9. Father's Occupation *bar nisher*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*

Address *245 Canton Ave*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Monday, July 28th, 1879*  
4. Place of Birth (Street and Number) *26 Orleans St.*  
5. Full Name of Mother *Julia McEwan*  
6. Mother's Maiden Name *Julia Murphy*  
7. Mother's Birthplace *Ireland*  
8. Full Name of Father *Daniel McEwan*  
9. Father's Occupation *Blacksmith*  
10. Father's Birthplace *Canada*  
Name of Medical Attendant, or other Person who makes this Return. *William Britton, M.D.*  
Address *269 N. Caroline St.*  
Remarks *"Vesley Presentation"*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 28th 1889*
4. Place of Birth (Street and Number) *312 Ann St*
5. Full Name of Mother *Amanda L Mathanley*
6. Mother's Maiden Name *" " Melvin*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Wm F Mathanley*
9. Father's Occupation *Pilot*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *D. W. Cathers M.D.*
- Address *2 N Broadway.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) Third  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth July 28<sup>th</sup>  
 4. Place of Birth (Street and Number) St. Pauls - near John  
 5. Full Name of Mother Ellie Buck  
 6. Mother's Maiden Name Ellie Grafflin  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father E. B. Buck  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Virginia  
 Name of Medical Attendant, or other Person who makes this Return. Reginald Bucken  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 28. 1879

4. Place of Birth (Street and Number)

11. Warringtonstr. No 18

5. Full Name of Mother

Mathiana Gayelgart

6. Mother's Maiden Name

Rifs

7. Mother's Birthplace

Vier Westen Bremen

8. Full Name of Father

Heinrich Gayelgart

9. Father's Occupation

Taylor

10. Father's Birthplace

Altendorf Bremen

Name of Medical Attendant, or other Person who makes this Return

Herr Johann Kraupach

Address

S. Walferstr. No 28

Remarks

Heimliche

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32508

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Vul

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

July 28 79

4. Place of Birth (Street and Number)

102 Raborg St

5. Full Name of Mother

6. Mother's Maiden Name

Lissy Leuss

7. Mother's Birthplace

Stanton Va

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Warren

Address

25 S West Raborg St

Remarks

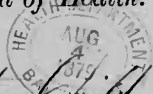
None

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32609

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child  
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 28th 1879

4. Place of Birth (Street and Number)

344 Hanover st.

5. Full Name of Mother

Catharine Burkhardt

6. Mother's Maiden Name

Jeroman

7. Mother's Birthplace

Ireland

8. Full Name of Father

Friedrich Burkhardt

9. Father's Occupation

Laborer

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

J. Lockpasser midwife  
330 Hanover st.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32510

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> child*  
1. Sex (state whether Male or Female) *female*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *July 28. 9.15. A.M.*  
4. Place of Birth (Street and Number) *82 Patterson St.*  
5. Full Name of Mother *Virginia Kantler*  
6. Mother's Maiden Name *V. Sauvervine*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *John Kantler*  
9. Father's Occupation *confectioner.*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *John P. Lister M.D.*  
Address *160 Saratoga, Ste.*  
Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32572

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

6<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 28<sup>th</sup> 1879

4. Place of Birth (Street and Number)

886. W. Pratt St.

5. Full Name of Mother

Henrietta Bornemann

6. Mother's Maiden Name

Weidman

7. Mother's Birthplace

Germany

8. Full Name of Father

Adolf Bornemann

9. Father's Occupation

Baker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. H. Christman M.D.

Address

431 Kenner Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



32513

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 28th 1879*  
 4. Place of Birth (Street and Number) *Baltimore, Woodward St. No. 1*  
 5. Full Name of Mother *Mary Carey*  
 6. Mother's Maiden Name *Marshall*  
 7. Mother's Birthplace *Maryland*  
 8. Full Name of Father *Hugh Carey*  
 9. Father's Occupation *Carpenter*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. E. Mitchell*  
 Address *150 Ramsey St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32514

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *July 28th 1879*  
 4. Place of Birth (Street and Number) *67 E. Balto St*  
 5. Full Name of Mother *Mary E. Morfit*  
 6. Mother's Maiden Name *Mary E. Fisk*  
 7. Mother's Birthplace *Washington D.C.*  
 8. Full Name of Father *Charles W. Morfit*  
 9. Father's Occupation *Physician*  
 10. Father's Birthplace *Washington D.C.*  
 Name of Medical Attendant, or other Person who makes this Return. *J. R. Andre M.D.*  
 Address *Chillicothe*  
 Remarks *Natural Labor. Vertebra Lumbalis } 1 21 E. Balto St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

July 28<sup>th</sup> 1879

4. Place of Birth (Street and Number)

159 William St

5. Full Name of Mother

Emma Boulden

6. Mother's Maiden Name

" Walker

7. Mother's Birthplace

Virginia

8. Full Name of Father

James Boulden

9. Father's Occupation

Ship Caulker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M<sup>rs</sup> C A Lewis

Address

162 Hanover St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32576

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Boie*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *28 July*

4. Place of Birth (Street and Number) *208 N. V. Durham St.*

5. Full Name of Mother *Anna Damm*

6. Mother's Maiden Name *Effer*

7. Mother's Birthplace *Balto Md.*

8. Full Name of Father *Christian Damm*

9. Father's Occupation *Saler*

10. Father's Birthplace *Balto Md.*

Name of Medical Attendant, or other Person who makes this Return. *J. Hanna*

Address *20 Nanna St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32517

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 28/79

4. Place of Birth (Street and Number)

246 Mulberry St.

5. Full Name of Mother

Elisabeth B. Bachley

6. Mother's Maiden Name

B. Bauer

7. Mother's Birthplace

Balto City

8. Full Name of Father

John C. Fuchling

9. Father's Occupation

Coal Dealer

10. Father's Birthplace

Balto City

Name of Medical Attendant, or other Person who makes this Return

Wm. F. Hunter

Address

N. Vappellon St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32518

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 28<sup>th</sup> 79

4. Place of Birth (Street and Number)

96 Amity St

5. Full Name of Mother

Victoria Collins

6. Mother's Maiden Name

Murray

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John Collins

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. S. Gibson M.D.

Address

47 Edmondson Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup>  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 28  
458 N. Calhoun St.  
Emma Smiley

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Balt.  
James Smiley  
Jinner  
Balt.

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. M. Wilson  
251 Mad. An.

Address

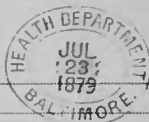
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39520

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

#29 Fontenault St

4. Place of Birth (Street and Number)

July 2nd 1879

5. Full Name of Mother

Dr H Krüger

6. Mother's Maiden Name

Dr H Krüger

7. Mother's Birthplace

Germany

8. Full Name of Father

Carl Krüger

9. Father's Occupation

Baker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary E. Spence

Address

#101 Washington St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

29<sup>th</sup> July

4. Place of Birth (Street and Number)

P. Davis St

5. Full Name of Mother

Larsh Ford

6. Mother's Maiden Name

Larsh

7. Mother's Birthplace

Baltimore County

8. Full Name of Father

John Ford

9. Father's Occupation

Restaurant Keeper

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

J. G. Womble M.D.

Address

No 203 W Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32522

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 29 July 1879
4. Place of Birth (Street and Number) 43 Carroll St.
5. Full Name of Mother James
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace N. Y.
8. Full Name of Father James
9. Father's Occupation Baker
10. Father's Birthplace N. Y.
- Name of Medical Attendant, or other Person who makes this Return. Sarah Casper
- Address 72 E. Lombard St.
- Remarks \_\_\_\_\_

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

29525

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3rd)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 29th 1879

4. Place of Birth (Street and Number)

208 Disquith St

5. Full Name of Mother

M E Houchens

6. Mother's Maiden Name

" " Connor

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

J T Houchens

9. Father's Occupation

Druggist

10. Father's Birthplace

Richmond Va

Name of Medical Attendant, or other Person who makes this Return.

A M. Winder

Address

178 Maryland St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *29th of July*
4. Place of Birth (Street and Number) *355 Cathedral St.*
5. Full Name of Mother *Elizabeth Conner*
6. Mother's Maiden Name *Fyer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Conner*
9. Father's Occupation *Sawyer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby*
- Address *369 Cathedral St.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32525

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 29<sup>th</sup> 1879
4. Place of Birth (Street and Number) 162 S. Broadway
5. Full Name of Mother Rose Meyer
6. Mother's Maiden Name Ellen
7. Mother's Birthplace Germany
8. Full Name of Father Max Meyer
9. Father's Occupation Merchant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Betz
- Address 243 Canton Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 29 1879

4. Place of Birth (Street and Number) Townsend Street

5. Full Name of Mother Catharine Radden

6. Mother's Maiden Name Catharine Mrs. Turel

7. Mother's Birthplace Deland

8. Full Name of Father Stephen Radden

9. Father's Occupation Labour

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Margaret Ethel

Address

Remarks Townsend Street



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*McT*  
*Female*  
*White*  
*The 29 of July*  
*1879*  
*Chas. St.*  
*Dora Kaufman*  
*Dora Hammer*  
*Germany*  
*Henn. Hennmer*  
*Taler*  
*Germany*  
*A F Hartley*  
*177 Harper street*  
*Ward Wickhill*  
*1879*

# RETURN OF A BIRTH.

32728

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Name, Charles Sylvester (Greitzer) Third (3).  
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)  
1. Sex (state whether Male or Female) Male.  
2. Race or Color (if not of the white race) White.  
3. Date of Birth July 29th, 1877.  
4. Place of Birth (Street and Number) N. E. Cor. Light & Ostend.  
5. Full Name of Mother Mary Elizabeth Schweitzer.  
6. Mother's Maiden Name " Taylor.  
7. Mother's Birthplace Baltimore, Md.  
8. Full Name of Father Charles Edwin Schweitzer.  
9. Father's Occupation Composer.  
10. Father's Birthplace Baltimore, Md.  
Name of Medical Attendant, or other Person who makes this Return.  
Address 131 Battery Place Conway.  
Remarks

advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *29<sup>th</sup> of July*
4. Place of Birth (Street and Number) *Balt City No 288 Cross St.*
5. Full Name of Mother *Amelia Heiller*
6. Mother's Maiden Name *Amelia Albert*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *John Christoph Heiller*
9. Father's Occupation *Engineer at B. & O. Folger*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Birch*
- Address *No 8 Leadin' hall st*
- Remarks *Mrs. Resnick*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 29 1879*  
 4. Place of Birth (Street and Number) *107 Raborg St*  
 5. Full Name of Mother *Agnes ~~ant~~ Maron*  
 6. Mother's Maiden Name *Agnes Gant*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *James Gant*  
 9. Father's Occupation *Sturgeon*  
 10. Father's Birthplace *Eastern Shore MD*  
 Name of Medical Attendant, or other Person who makes this Return *Chollotte Warren*  
 Address *25's West Raborg St*  
 Remarks *None*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32531

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth the 29 July 1879
4. Place of Birth (Street and Number) No 59 East Street
5. Full Name of Mother Giddy Turner
6. Mother's Maiden Name La
7. Mother's Birthplace Annapolis County
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. Robert W. Williams
- Address No 70 Chesnut
- Remarks Mother died child alive

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32532

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female).. Male

2. Race or Color (if not of the white race) White

3. Date of Birth 29 July

4. Place of Birth (Street and Number) 113 N. Dallas St.

5. Full Name of Mother Maria Theresia Larichal

6. Mother's Maiden Name " Kalam

7. Mother's Birthplace Prussia Bohemia

8. Full Name of Father John Larichal

9. Father's Occupation Sailor

10. Father's Birthplace Prussia Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. H. Henshaw

Address 30 Barner St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether male or female) Male
  2. Race or Color (if not of the white race) Colored
  3. Date of Birth July 25<sup>th</sup> 1879
  4. Place of Birth (Street and Number) 308 Montgomery
  5. Full Name of Mother Annie Brien
  6. Mother's Maiden Name Annie George
  7. Mother's Birthplace Frederick Co. Va
  8. Full Name of Father Alfred Brien
  9. Father's Occupation Patrol on R.R. Cars
  10. Father's Birthplace N. Hampton
- Name of Medical Attendant, or other Person who makes this Return. Alfred Brien  
Dr.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32834

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *3<sup>rd</sup> child*  
 1. Sex (state whether Male or Female) *male*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *29 of July*  
 4. Place of Birth (Street and Number) *2 E. Gay Court*  
 5. Full Name of Mother *Mary Carroll*  
 6. Mother's Maiden Name *Mary Smith*  
 7. Mother's Birthplace *Accomack County Virginia*  
 8. Full Name of Father *Robert Carroll*  
 9. Father's Occupation *Sailing*  
 10. Father's Birthplace *Wolfeboro Virginia*  
 Name of Medical Attendant, or other Person who makes this Return. *Mary Carroll*  
 Address *26 Dover Street*  
 Remarks *getting along very well*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> Child  
Mädchen

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Weiss  
geboren den 29ten July

4. Place of Birth (Street and Number)

N<sup>o</sup> 192 Carroll Str

5. Full Name of Mother

Eidi Hoyses

6. Mother's Maiden Name

Eidi

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wilhelm Ward

9. Father's Occupation

Handarleiter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Friederike Baumann

Address

N<sup>o</sup> 194 S. Dallas Str

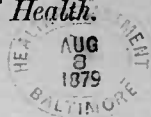
Remarks

Heim

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) girl
2. Race or Color (if not of the white race) White
3. Date of Birth 29 July 1879
4. Place of Birth (Street and Number) Baltimore Parkin st. 64
5. Full Name of Mother M. Weber
6. Mother's Maiden Name M. Beil
7. Mother's Birthplace Germany
8. Full Name of Father J. Weber
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. Deaplich
- Address 69 Washington st
- Remarks Mr. Deaplich

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32537

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 29 " 1879*
4. Place of Birth (Street and Number) *87 S. Caroline St*
5. Full Name of Mother *Emma Bishop*
6. Mother's Maiden Name *" " Heintzinger*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas Bishop*
9. Father's Occupation *Telephone operator*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Louise Kraft*
- Address *236 Canton Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child 2d

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

July 29th

4. Place of Birth (Street and Number)

353 Hamburg St

5. Full Name of Mother

Dora Lighthizer.

6. Mother's Maiden Name

" " " Pitcher

7. Mother's Birthplace

Fredericks Burg. Va

8. Full Name of Father

George Lighthizer

9. Father's Occupation

Baker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Hunter.

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

22339

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *29 of July*
4. Place of Birth (Street and Number) *Highland town 3 A*
5. Full Name of Mother *Rosa Genzler*
6. Mother's Maiden Name *Ross Bealme*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Genzler*
9. Father's Occupation *Saborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*
- Address *212 Patterson Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth July 30<sup>th</sup>  
 4. Place of Birth (Street and Number) No 912 L. C. Collopy St  
 5. Full Name of Mother Ely & J. Smith  
 6. Mother's Maiden Name Ely & J. Indick  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Wm. H. V. Smith  
 9. Father's Occupation Bank Clerk  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Felix H. H. H. H.  
 Address No. 2 Cathedral St.  
 Remarks Physical Condition of Child normal

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

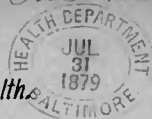


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 30<sup>th</sup> 79*
4. Place of Birth (Street and Number) *5 Burke St*
5. Full Name of Mother *Louisa Johnson*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Peter Johnson*
9. Father's Occupation *Grain Elevator*
10. Father's Birthplace *Norway*
- Name of Medical Attendant, or other Person who makes this Return. *A. W. Cathell M.D.*
- Address *2 N B Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *July 30 - 1879*
4. Place of Birth (Street and Number) *122 S. Register St.*
5. Full Name of Mother *Mary Schilling*
6. Mother's Maiden Name *Kaiser*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Schilling*
9. Father's Occupation *Printer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Stein*
- Address *151 E Pratt*
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st.  
Male  
White  
July 30th, 1879  
222 N. Avenue St.  
Francis C. Vickers  
Francis C. Ross  
Pennsylvania  
John Vickers  
Carpenter  
Maryland  
Theodore Cook, M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

82544

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 30th 1879
4. Place of Birth (Street and Number) 106 Eastern Ave.
5. Full Name of Mother Katie Gabelius
6. Mother's Maiden Name Katie Gabel
7. Mother's Birthplace America
8. Full Name of Father Frank Gabelius
9. Father's Occupation Restaurateur
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Anand.
- Address 127 South Wolfe St.
- Remarks (#)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Serene*

*Male*

*White*

*July 30<sup>th</sup> 1879*

*36 Greenmount Ave*

*Mary E. Warner*

*Mary E. Canatt*

*Balto Co*

*Wm. N. Warner*

*Laborer*

*Balto Co Md*

*Silas N. Hunter M.D.*

*36 Greenmount Ave.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32546



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Female

White

July 30<sup>th</sup> 1879

102 Ensor St.

Mary Ann Slasman

Mary Ann Joseph

Balti Md

Mathew Slasman

Laborer

Balti Md

Silas W. Hunter M.D.

36 Greenmount Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

30 July 1878

4. Place of Birth (Street and Number)

196 Canal St

5. Full Name of Mother

Katherine Warr

6. Mother's Maiden Name

Brenham

7. Mother's Birthplace

U. S.

8. Full Name of Father

Edward Warr

9. Father's Occupation

Working man

10. Father's Birthplace

U. S.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. K. Cooper

Address

52 E. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32548

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~Fourth~~ Second  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 30 - 1877

4. Place of Birth (Street and Number)

Belair Ave. Opposite Wisconsin Brewery

5. Full Name of Mother

Barbara B. Brown

6. Mother's Maiden Name

Barbara Bink

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John C. Brown

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Ann Allwell

Address 286 N. Donagh St

Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth July 30

4. Place of Birth (Street and Number) 147 dollars st

5. Full Name of Mother addel watkins

6. Mother's Maiden Name addel young

7. Mother's Birthplace Baltimore md

8. Full Name of Father lewis watkins

9. Father's Occupation drayman

10. Father's Birthplace Baltimore md

Name of Medical Attendant, or other Person who makes this Return. miss leese johnson

Address no 32 short st

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth July 30.
4. Place of Birth (Street and Number) 213 Chapel St
5. Full Name of Mother Mrs Rebecca Cardan
6. Mother's Maiden Name not married
7. Mother's Birthplace Baltimore
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Mr. Leon Johnson
- Address no 32 Short St
- Remarks healthy child



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex (state whether male or female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July the 30, 1879*
4. Place of Birth (Street and Number) *N. Bethel St. No. 11.*
5. Full Name of Mother *Mary Ellen*
6. Mother's Maiden Name *Mary Dippel*
7. Mother's Birthplace *Hanover, Pr. Prussia. Germany.*
8. Full Name of Father *Andrews Ellen*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Rockland, Maine, U. S.*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Miller*

Address *N. Dallas St. No. 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

22552

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 31, 1879

4. Place of Birth (Street and Number)

660 West Lombard

5. Full Name of Mother

Margaret S. Gilbert

6. Mother's Maiden Name

Clary

7. Mother's Birthplace

Med.

8. Full Name of Father

Thomas H. Gilbert

9. Father's Occupation

Police Officer

10. Father's Birthplace

Med.

Name of Medical Attendant, or other Person who makes this return

John H. Hood, M.D.  
217 N. Howard St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 30<sup>th</sup> 1879

4. Place of Birth (Street and Number)

5. Full Name of Mother

Johanna Zimmerman

6. Mother's Maiden Name

Hofmeister

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Zimmerman

9. Father's Occupation

Barber

10. Father's Birthplace

Saxony (Sachsen) Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Knott

Address

328 South Eutaw St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39554

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 30th 1879*
4. Place of Birth (Street and Number) *6 Hoffman St. Balt. Md*
5. Full Name of Mother *Mrs. Maria Goodwin*
6. Mother's Maiden Name *Gillespie*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Robert Archibald Morrison*
9. Father's Occupation *Minster*
10. Father's Birthplace *Richmond Va*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. L. Pomeroy*
- Address *327 E. Poyer St. City*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *W*
3. Date of Birth *July 30 1879*
4. Place of Birth (Street and Number) *No 171 N John "*
5. Full Name of Mother *Ellen M Barker*
6. Mother's Maiden Name *Ellen M Patterson*
7. Mother's Birthplace *Balt Md*
8. Full Name of Father *John H Barker*
9. Father's Occupation *Estate agent*
10. Father's Birthplace *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return. *J H Patterson M D*
- Address *26 Franklin "*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>th</sup>*
1. Sex (state whether Male or Female) *Boie*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *~~4-11-79~~ 30 July*
4. Place of Birth (Street and Number) *48. North St.*
5. Full Name of Mother *Marie Schime*
6. Mother's Maiden Name *Moses*
7. Mother's Birthplace *Balte. Md.*
8. Full Name of Father *John Moses*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balte. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Josephine Tournai*
- Address *30 Bannock St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *30th July*  
4. Place of Birth (Street and Number) *57 Low St.*  
5. Full Name of Mother *Adeline Bruckner*  
6. Mother's Maiden Name *Adelaine Klein*  
7. Mother's Birthplace *Baltimore City*  
8. Full Name of Father *Emil Bruckner*  
9. Father's Occupation *Black Smith*  
10. Father's Birthplace *Steinback Prussia*  
Name of Medical Attendant, or other Person who makes this Return.  
Address *Amos Dummer 60 Schroter*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth July 26, 1879

4. Place of Birth (Street and Number) 139 Hudson St. (East)

5. Full Name of Mother Catherine C. Cadden

6. Mother's Maiden Name " " Larkins

7. Mother's Birthplace Balto.

8. Full Name of Father John Cadden

9. Father's Occupation Laborer.

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address 137 N. Egle St

Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

22559

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

July 30<sup>th</sup>

4. Place of Birth (Street and Number)

460 Chesapeake St

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry C. H.

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. H. Martin M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

22560

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Kind*
1. Sex (state whether Male or Female) *Boys*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *geboren den 10<sup>ten</sup> Julij 30.*
4. Place of Birth (Street and Number) *15 219 Broadway*
5. Full Name of Mother *Elisse Schöppnickor*
6. Mother's Maiden Name *Elisse Brille*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Carl Schöppnickor*
9. Father's Occupation *Wagner*
10. Father's Birthplace *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address *15 197 S. Dallas Str*
- Remarks *Home*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 30<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *207 Lombard St.*
5. Full Name of Mother *Margaret Labeling*
6. Mother's Maiden Name *Margaret Secher*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Garhard Labeling*
9. Father's Occupation *Merchant Tailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Hana Hallquist*
- Address *No 122 E. Monument St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *July 30<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *Pattee's Alley*

5. Full Name of Mother *Elta Bramson*

6. Mother's Maiden Name

7. Mother's Birthplace *Russia*

8. Full Name of Father *Nachum Bramson*

9. Father's Occupation *Teacher*

10. Father's Birthplace *Russia*

Name of Medical Attendant, or other Person who makes this return *Mrs. E. Bernstein*

Address *113 E. Lombard St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32563

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

30th of July

4. Place of Birth (Street and Number)

Highland Court

5. Full Name of Mother

L. Gathright

6. Mother's Maiden Name

L. Coburn

7. Mother's Birthplace

Norfolk Va

8. Full Name of Father

L. Gathright

9. Father's Occupation

Dutcher

10. Father's Birthplace

Richmond

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address

No 12 Patterson Park Ave

Remarks



# RETURN OF A BIRTH.

32564

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White American*

3. Date of Birth *July 31st 1879*

4. Place of Birth (Street and Number) *2968 W. Lombard St.*

5. Full Name of Mother *McKenna*

6. Mother's Maiden Name *Gallen*

7. Mother's Birthplace *St. Louis Mo*

8. Full Name of Father *Patrick J. McKenna*

9. Father's Occupation *Broker*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *J. E. Underhill M.D.*

Address *159 Park Ave.*

Remarks *Baltimore*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether male or female) *female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 31st 1872.*  
4. Place of Birth (Street and Number) *No. 413. Biddle St.*  
5. Full Name of Mother *Louise Kratch*  
6. Mother's Maiden Name *Vogel*  
7. Mother's Birthplace *Bavaria Germany.*  
8. Full Name of Father *Charles Kratch*  
9. Father's Occupation *Tanner*  
10. Father's Birthplace *Saxen Germany.*  
Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Burt.*  
Address *No. 125 D.C. cor. Central av. & Monument St.*  
Remarks *All Well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

32.566

To the Office of Registrar of Vital Statistics, Board of Health,  
*BALTIMORE CITY.*

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

24 11

1. Sex (state whether Male or Female) .

Female

2. Race or Color (if not of the white race)

White

3. *Date of Birth*

31 July

4. *Place of Birth (Street and Number)*

122 Carley 2<sup>d</sup>

5. *Full Name of Mother*

Mary A. Corners

6. *Mother's Maiden Name*

Mary S. C. Henry, Clerk

### 7. Mother's Birthplace

Bally

8. Full Name of Father

Patrice Cormier

### 9. Father's Occupation

Roller

10. *Father's Birthplace*

Preland

Name of Medical Attendant, or other Person who makes this return

Mrs Sarah, Gilberts

*Address*

104 Lerley St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32567

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

July 31

4. Place of Birth (Street and Number)

Baltimore Md. Light Street No 652

5. Full Name of Mother

Mrs. Julia Trutschel

6. Mother's Maiden Name

Julia Doyle

7. Mother's Birthplace

Richmond Va.

8. Full Name of Father

Mr. Hermann Trutschel

9. Father's Occupation

Butcher

10. Father's Birthplace

Ruehlstadt Germania

Name of Medical Attendant,

or other Person who makes this Return.

Dr. Herman Munn

Address

8 S. Annapolis St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32568



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Jul 31. 1877  
Dornburgstr 40 88.

Barbara Will

Ph. lip

Baltimore

Peter Will

Brunswick

Baltimore

Dr. J. H. Prager  
D. Wolfstr 428

Wm. J. J. J.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

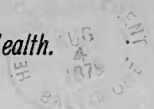
File 31. . 879  
Columbiana 40204  
Dorothy Duke  
W. Schell  
Baltimore  
Vitus Diehl  
W. L. Macker  
L. H. Hossen  
Wm. Feh. Druggist  
C. W. 1st str 4028  
Wm. Feh

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32570

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 31<sup>st</sup> 1879
4. Place of Birth (Street and Number) 8 Eden St. Ct.
5. Full Name of Mother Fannie Jackson
6. Mother's Maiden Name " "
7. Mother's Birthplace City
8. Full Name of Father Wm. Brown
9. Father's Occupation Laborer
10. Father's Birthplace " "
- Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby
- Address 319 N. Central Ave.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 31st July 1879
4. Place of Birth (Street and Number) 505 East Fayette St.
5. Full Name of Mother Kate Connor
6. Mother's Maiden Name Kate Kell
7. Mother's Birthplace Baltimore
8. Full Name of Father Megawant Hall
9. Father's Occupation Ironmaster
10. Father's Birthplace Megawant, Virginia
- Name of Medical Attendant, or other Person who makes this Return. Assistant Registrar
- Address 11 North Chappel Street for Registrar
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *31<sup>st</sup> July*
4. Place of Birth (Street and Number) *No 26 Stiles st*
5. Full Name of Mother *Bella A. Thron*
6. Mother's Maiden Name *Bella Thronman*
7. Mother's Birthplace *America*
8. Full Name of Father *Dudley A. Thron*
9. Father's Occupation *labor*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *Eliza Fleming*
- Address *No 95 Albmarle st*
- Remarks *hechly*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 31<sup>st</sup> of April
4. Place of Birth (Street and Number) 520 Lexington St.
5. Full Name of Mother Lizzie C. England
6. Mother's Maiden Name Lizzie C. England
7. Mother's Birthplace Baltimore City
8. Full Name of Father William J. Lock
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. May 15 1879
- Address Lexington St. Baltimore
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 31st 1879*
4. Place of Birth (Street and Number) *#40 Fountain St*
5. Full Name of Mother *Lizzie E. Wiest*
6. Mother's Maiden Name *Lizzie Engelhardt*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Jacob Wiest*
9. Father's Occupation *Subvers*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Quinn*
- Address *#171 S Washington St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name: William J. Collison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

July 31/79

4. Place of Birth (Street and Number)

237 E. Lombard St.

5. Full Name of Mother

Caroline Collison

6. Mother's Maiden Name

Caroline Laury

7. Mother's Birthplace

Bald. Co.

8. Full Name of Father

Levin Collison

9. Father's Occupation

Wagonman

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

D. B. W. Mansfield

Address

117 S. Broadway

Remarks

recd Record of Birth Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32576

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

July 31st. 1878

4. Place of Birth (Street and Number)

340 E. Eager St.

5. Full Name of Mother

Mary Martin

6. Mother's Maiden Name

7. Mother's Birthplace

Beth. Md.

8. Full Name of Father

John L. Martin

9. Father's Occupation

10. Father's Birthplace

Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

W. B. Billingsley

Address

Harford St. Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female  
White  
July 31<sup>st</sup> 1879  
Baltimore Poppleton St. No. 22  
Sarah Arny  
Baltimore  
William Arny  
Book-binder  
Baltimore  
M. C. Mitchell  
No. 140 Ramsey St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32578

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4 Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *31 July*
4. Place of Birth (Street and Number) *Forest Row 305*
5. Full Name of Mother *Mrs Mary Garrison Gilby*
6. Mother's Maiden Name *Mrs "Harson*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Mr Edward Gilby*
9. Father's Occupation *Railroading*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sara Wooden*
- Address *Asquith St 330 Boms*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

July 31 1879

4. Place of Birth (Street and Number)

108 Ramsey St

5. Full Name of Mother

Eda Walterwick

6. Mother's Maiden Name

Wade

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Louis Walterwick

9. Father's Occupation

Baker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other person who makes this Return.

J. W. C. Cuddy, M.D.

Address

363 Franklin St

Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32580

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb 21. 1879*
4. Place of Birth (Street and Number) *No 157 Chappel St*
5. Full Name of Mother *Lizzie Roth*
6. Mother's Maiden Name *Lizzie Spahn*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William A. Roth*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dana Halligan*
- Address *No 122 E Monument St*
- Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and whether of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

Mother's Birthplace

8. Full Name of Father

Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

7th  
Male.

Aug. 1st 1879

61 Burn St.

Mary Ann E. Donohue

" " Leonard

Balt.

Patrick Donohue

Laborer.

Ireland

Edmund P. McDevitt

137 N. E. St.



# RETURN OF A BIRTH.

32582

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex (state whether ~~Male~~ or Female)

Race or Color (if not of the white race)

Date of Birth

Place of Birth (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

August 1st 1879

50 North 3rd St

May Bates Councilman

" Taylor

Ollenshaw

William Roberts Councilman

Painter

Baltimore

W. W. McManus M.D.

582 N. Howard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32583

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 1st 1879

4. Place of Birth (Street and Number)

77 Thayer St

5. Full Name of Mother

Maria Deem

6. Mother's Maiden Name

Ottoroske

7. Mother's Birthplace

Bohemia

8. Full Name of Father

Henry Deem

9. Father's Occupation

Laborer

10. Father's Birthplace

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Mr. Charles B. Bets

Address

245 Canton St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 1st*

4. Place of Birth (Street and Number) *29 Myrtle St*

5. Full Name of Mother *Annulus E. Miller*

6. Mother's Maiden Name *Connor*

7. Mother's Birthplace *Emmitsburg, Frederick County,*

8. Full Name of Father *Walter E. Miller*

9. Father's Occupation *Lawyer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Sumnerfield*

Address

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



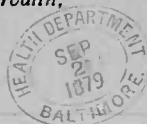
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1 August 1879*
4. Place of Birth (Street and Number) *No 12 goalds Lane*
5. Full Name of Mother *Dora Woodley*
6. Mother's Maiden Name *Dora stamp*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Woodley*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Catherine Horner*
- Address *No 106 West st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32586

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First  
 1. Sex (state whether ~~Male~~ or Female)  
 2. Race or Color (if not of the white race) Colored  
 3. Date of Birth August 1st 1879  
 4. Place of Birth (Street and Number) Elbow Lane  
 5. Full Name of Mother Annie Boone  
 6. Mother's Maiden Name Annie James  
 7. Mother's Birthplace Balt  
 8. Full Name of Father Boone  
 9. Father's Occupation Mariner  
 10. Father's Birthplace Balt  
 Name of Medical Attendant, or other Person who makes this Return. Edw. J. Diekhoff  
 Address 279. W. Lombard  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

32587

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 1st 1879
4. Place of Birth (Street and Number) 274 E. Eimms St Baltimore
5. Full Name of Mother Cassellina R. Hunt
6. Mother's Maiden Name B. M.
7. Mother's Birthplace Baltimore
8. Full Name of Father Card Lewis King
9. Father's Occupation Mechanic
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. H. H. H.
- Address High St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32588

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *White*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1st August*
4. Place of Birth (Street and Number) *188 Boston St*
5. Full Name of Mother *Lizzie Winkelman*
6. Mother's Maiden Name *Stiller*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Beitrich Winkelman*
9. Father's Occupation *Stuart Keeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs G. Wilco*
- Address *No 12 Patterson Park Av*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32589

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
  1. Sex (state whether Male or Female) female
  2. Race or Color (if not of the white race) colored
  3. Date of Birth aug 1
  4. Place of Birth (Street and Number) 122 short st
  5. Full Name of Mother isabell tate
  6. Mother's Maiden Name not married
  7. Mother's Birthplace Baltimore md
  8. Full Name of Father
  9. Father's Occupation
  10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. mrs leas johnson
- Address no 32 short st
- Remarks healthy child



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth Aug 1
4. Place of Birth (Street and Number) 175 north Eden st
5. Full Name of Mother Mary Agness Washington
6. Mother's Maiden Name Mary Agness Johnson
7. Mother's Birthplace York Tenn Va
8. Full Name of Father Lewis Washington
9. Father's Occupation Wagonner
10. Father's Birthplace York Tenn Va
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Leas Johnson
- Address no 32 short st
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



32591

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
- Sex (state whether male or female) female
- Race or Color (if not of the white race)
- Date of Birth Aug. 1. 1879
- Place of Birth (Street and Number) 379 Leased Hill owl.
- Full Name of Mother Laura F. Hepburn
- Mother's Maiden Name " " Wilmer
- Mother's Birthplace md.
- Full Name of Father Chas H Hepburn
- Father's Occupation R.R. Solicitor
- Father's Birthplace Penna.
- Name of Medical Attendant, or other Person who makes this Return. Edw. Daneyhair
- Address 129 W. Middle St.
- Remarks A. 5 months foetus, lived 10 minutes. Mother received "shock" by lightning during the late thunderstorm, which was the incipient cause of the birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether atill born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32592

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. ed.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 1st 1877.*
4. Place of Birth (Street and Number) *No 209 Central av.*
5. Full Name of Mother *Katie Kiehl.*
6. Mother's Maiden Name *" Beddingen*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *August Kiehl.*
9. Father's Occupation *~~Watchman~~ Watchman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. Pitt*
- Address *No 185 S. E. cor. Central av. & Monument St.*
- Remarks *Well.*

Rec'd Record of Birth Statistics of the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32593

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1 Aug 1879*
4. Place of Birth (Street and Number) *2117 Fayette St*
5. Full Name of Mother *Cora Bissinger*
6. Mother's Maiden Name *" Miller*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Bissinger*
9. Father's Occupation *Baker*
10. Father's Birthplace *Wilmington, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *328 North Eastern St*
- Address *Mary Kish*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 1st 1879*
4. Place of Birth (Street and Number) *No 4 Prospect Lane*
5. Full Name of Mother *Margaret Barnes*
6. Mother's Maiden Name *Margaret Crumbarger*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William P. Barnes*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Lena Hillegeist*
- Address *No 182 Monument St*
- Remarks

That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *1st August 1879*
4. Place of Birth (Street and Number) *2 Salisbury Alley*
5. Full Name of Mother *Ada Bradt*
6. Mother's Maiden Name *Ada Piers*
7. Mother's Birthplace *Annapolis Annapolis County*
8. Full Name of Father *John Bradt*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Annapolis Annapolis County*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. Leab Hager*
- Address *10. 94 Holland St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug. 1<sup>st</sup> 1879*  
 4. Place of Birth (Street and Number) *Baltimore Columbia Heights*  
 5. Full Name of Mother *Mary Smith*  
 6. Mother's Maiden Name *Dean*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Joseph Smith*  
 9. Father's Occupation *Labourer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Mitchell*  
 Address *No. 140 Ramsey St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 1st 1879
4. Place of Birth (Street and Number) No 191 Prince St Balto
5. Full Name of Mother Kate A. Cook
6. Mother's Maiden Name Kate A. Cooper
7. Mother's Birthplace Baltimore
8. Full Name of Father John B. A. Vign
9. Father's Occupation Chiropractor
10. Father's Birthplace Chesapeake
- Name of Medical Attendant, or other Person who makes this Return. Susan H. Hunter
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrars aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth August 1st  
 4. Place of Birth (Street and Number) 196 N. Broadway Balto  
 5. Full Name of Mother Sarah A. Kirby  
 6. Mother's Maiden Name Sarah A. Horney  
 7. Mother's Birthplace Talbot Co Md  
 8. Full Name of Father Thomas H Kirby  
 9. Father's Occupation Plasterer  
 10. Father's Birthplace Oxfordshire England  
 Name of Medical Attendant, or other Person who makes this Return. Mary E. Price  
 Address 200 N. Broadway  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) German
3. Date of Birth Aug. 1, 1879
4. Place of Birth (Street and Number) Pratt St. 788 Balt. Md.
5. Full Name of Mother Annie Pesmodel
6. Mother's Maiden Name Annie Jaghett
7. Mother's Birthplace Wilmington Delaware
8. Full Name of Father August Pesmodel
9. Father's Occupation Chase doctor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. A. Jones
- Address 93 Truitt Lane Balt. Md.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



33.600

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 1<sup>st</sup> August 1879
4. Place of Birth (Street and Number) Baltimore Durham st 306
5. Full Name of Mother Caroline Camenda
6. Mother's Maiden Name G. Talawek
7. Mother's Birthplace Germany
8. Full Name of Father A. Camenda
9. Father's Occupation Laborman
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. M. Hoffsch
- Address 69 Washington st
- Remarks M. Hoffsch

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 1st 1879.
4. Place of Birth (Street and Number) # 49 Hillman St
5. Full Name of Mother Ellen Foster
6. Mother's Maiden Name " McCabe
7. Mother's Birthplace Ireland
8. Full Name of Father E. V. Foster
9. Father's Occupation Blacksmith
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Saml. J. Belk M.D.
- Address # 134 W. Eager St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32602

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 1st 1879

4. Place of Birth (Street and Number)

292 W. Canal St

5. Full Name of Mother

Mary Ehrlein

6. Mother's Maiden Name

Zimmermann

7. Mother's Birthplace

Germany

8. Full Name of Father

John Ehrlein

9. Father's Occupation

Sailor

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

S. W. Leonard

Address

2602 E. Pratt St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32603

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3  
Female  
White  
12th Aug. 1891  
334 E. Monument.  
Frieda G. Berger.  
Frieda G. Berger  
Pennsylvania  
Adm. Berger  
Butler  
Germany  
Mary Berger  
D. B. Berger  
Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar inforeaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32604



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2<sup>nd</sup>

Male

White

1<sup>st</sup> of Aug 1874

108 Chestnut St.

Barbara. Horn

Barbara. Deerehead,

Germany

John. L. Horn

Barber.

Baltimore - Md

May Walling

125 Caroline

Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32605

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Aug 1st  
 4. Place of Birth (Street and Number) 31 Gordon St  
 5. Full Name of Mother Anna F. Thompson  
 6. Mother's Maiden Name Anna F. Tolson  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Edward H. Thompson  
 9. Father's Occupation Book Clerk  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. H. J. Perkins  
 Address No 2 Cathedral St  
 Remarks Child brought healthy



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32606

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup> Child SEP 17 1879
1. Sex (state whether male or female) - Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 1<sup>st</sup> 1879
4. Place of Birth (Street and Number) 87 Mulberry St
5. Full Name of Mother Susan Trull Barn
6. Mother's Maiden Name Susan Trull
7. Mother's Birthplace Balto
8. Full Name of Father Jno Barn
9. Father's Occupation
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Milton Hammond M.D.
- Address 64 W. Paca St
- Remarks Child lived 3 to 4 hours

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex (state whether male or female) *Girl*
  2. Race or Color (if not of the white race) *Colored*
  3. Date of Birth *August 1st*
  4. Place of Birth (Street and Number) *Vincent Alley St. 1*
  5. Full Name of Mother *~~Samuel~~ Biscilla Murphy*
  6. Mother's Maiden Name *Biscilla Lewis*
  7. Mother's Birthplace *Baltimore County*
  8. Full Name of Father *Samuel Murphy*
  9. Father's Occupation *Driver of cart*
  10. Father's Birthplace *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return. *Martha Maria Clayton Rev. Ch. 3*
- Address *Martha Maria Clayton Rev. Ch. 3*
- Remarks *please excuse the neglect*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32608

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Aug 2<sup>nd</sup>

4. Place of Birth (Street and Number)

2178 S. Eutan St

5. Full Name of Mother

Christine Miller

6. Mother's Maiden Name

Farwell

7. Mother's Birthplace

Baden

8. Full Name of Father

John H. Miller

9. Father's Occupation

Musician

10. Father's Birthplace

Sarnstadt

Name of Medical Attendant, or other Person who makes this Return.

Mary Koch

Address

228 S. Eutan St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32619



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 2nd 79
4. Place of Birth (Street and Number) 2113 S. Eutaw St
5. Full Name of Mother Kate Weissman
6. Mother's Maiden Name Meyer
7. Mother's Birthplace Baltimore
8. Full Name of Father John Weissman
9. Father's Occupation Bottler
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. Koch
- Address 228 S. Eutaw St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 2nd 1879
4. Place of Birth (Street and Number) #1000 Mean Alley
5. Full Name of Mother Tilly W DeRapp
6. Mother's Maiden Name Tilly Whelan
7. Mother's Birthplace America
8. Full Name of Father Fred K DeRapp
9. Father's Occupation Butcher
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms
- Address # 171 S Washington St.
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th 1879

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 2 1879

4. Place of Birth (Street and Number)

52 Duane St

5. Full Name of Mother

Mary Prainer

6. Mother's Maiden Name

Mary Cassin

7. Mother's Birthplace

Spokane, W. I.

8. Full Name of Father

James Prainer

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Anna Hillebrand

Address

152 E. Monument St

Remarks

**Direct Record of Vital Statistics in the City of Baltimore.**

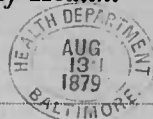
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32612

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female  
White  
Tuesday Aug 2nd 1879  
Springfield St. 2nd  
Miss Emma Johnson  
Miss Emma Jones  
Baltimore  
John Johnson  
Commissioner of the Board of Health  
Baltimore  
John Johnson  
529 West Lombard St.  
Living well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32613

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
- Sex (state whether male or female) Male
- Race or Color (if not of the white race)
- Date of Birth Aug 2<sup>d</sup> 79
- Place of Birth (Street and Number) 113 S. Castle St
- Full Name of Mother Catherine Allwater
- Mother's Maiden Name " H. Annan
- Mother's Birthplace City
- Full Name of Father George Allwater
- Father's Occupation Potter
- Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz
- Address 245 Canton Ave
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32614-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9 children*
1. Sex (state whether Male or Female) *Male child*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *2 of Aug*
4. Place of Birth (Street and Number) *Orlean St No 284*
5. Full Name of Mother *Elizabeth Brine*
6. Mother's Maiden Name *Elizabeth Clayton*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Thomas Brine*
9. Father's Occupation *carpenter*
10. Father's Birthplace *St Marys County*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *145 North Eden St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32615

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 2<sup>d</sup> August 1879
4. Place of Birth (Street and Number) 17 Barnett St.
5. Full Name of Mother Anna Lascelles
6. Mother's Maiden Name Corliss
7. Mother's Birthplace Ireland
8. Full Name of Father Edward Lascelles
9. Father's Occupation Engraver
10. Father's Birthplace France
- Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer M.D.
- Address 68 N. Calhoun St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32616

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August-27th 1879

4. Place of Birth (Street and Number) 20-208, Foulk St

5. Full Name of Mother Elizabeth Cecilia Butler

6. Mother's Maiden Name " " Wenzel

7. Mother's Birthplace Lowell, Massachusetts

8. Full Name of Father John Butler

9. Father's Occupation Merchant & Importer of Eastern Produce

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W. H. Clark M.D.

Address 235, Foulk St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth: August 1st  
 4. Place of Birth (Street and Number) 14896 W Pratt St  
 5. Full Name of Mother Catherine E. Hoffmyer  
 6. Mother's Maiden Name E. Flyer  
 7. Mother's Birthplace Maryland  
 8. Full Name of Father Frederick Hoffmyer  
 9. Father's Occupation Candy Maker  
 10. Father's Birthplace York Penn  
 Name of Medical Attendant, or other Person who makes this Return M. J. Loman  
 Address 435 E. Henry St  
 Remarks Health

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32618

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *2 August 1879*
4. Place of Birth (Street and Number) *67 Occident St*
5. Full Name of Mother *Manilla King*
6. Mother's Maiden Name *Batzgerhuddy*
7. Mother's Birthplace *Italy*
8. Full Name of Father *Frank King*
9. Father's Occupation *Traveller*
10. Father's Birthplace *Italy*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Cooper*
- Address *52 E. Lomb St*
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32619

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *2 August*
4. Place of Birth (Street and Number) *91 Baxter St.*
5. Full Name of Mother *Virginia Dushane*
6. Mother's Maiden Name *" Orden*
7. Mother's Birthplace *U.S.*
8. Full Name of Father *Thomas Dushane*
9. Father's Occupation *Grocer*
10. Father's Birthplace *U.S.*
- Name of Medical Attendant, or other Person who makes this Return. *Samuel Carper*
- Address *52 E. Enoch Ward*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32620

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 2<sup>nd</sup> 1879

4. Place of Birth (Street and Number)

No. 9 Mercer Str

5. Full Name of Mother

Louise Depskin  
Mary Louise Habernagel

6. Mother's Maiden Name

7. Mother's Birthplace

Gehrdel (Germany)

8. Full Name of Father

Carl Friedrich Wilhelm Depskin  
Liquor Dealer

9. Father's Occupation

10. Father's Birthplace

Wagenfeld (Germany)

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary Seebach

Address

439 W Pratt Str

Remarks

Wm Depskin.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32621

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first  
male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 2<sup>nd</sup> 1879

4. Place of Birth (Street and Number)

No. 9. Mercer Str.

5. Full Name of Mother

Louise Depkin

6. Mother's Maiden Name

Mary Louise Kobernagel

7. Mother's Birthplace

Schrode (Germany)

8. Full Name of Father

Carl Friedrich Wilhelm Depkin

9. Father's Occupation

Liquor Dealer

10. Father's Birthplace

Wagonfeld (Germany)

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary Seebach

Address

437 W. Pratt Str

Remarks

Wm Depkin





rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth August 2nd 1879.
4. Place of Birth (Street and Number) 378 Saratoga St.
5. Full Name of Mother Annie Webb.
6. Mother's Maiden Name Lidley.
7. Mother's Birthplace Brooklyn N.Y.
8. Full Name of Father Richard Webb.
9. Father's Occupation Machinist.
10. Father's Birthplace Manchester England.
- Name of Medical Attendant, or other Person who makes this Return. Dr W. R. Morgan.
- Address 175 Saratoga St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32623

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *2 of August*
4. Place of Birth (Street and Number) *87 Cambridge St.*
5. Full Name of Mother *Annie C. Jones*
6. Mother's Maiden Name *Annie C. Reese*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Samuel Jones*
9. Father's Occupation *Salvage*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Wiley*
- Address *No 12 Patterson's Park Dr*
- Remarks



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 2nd 1879*
4. Place of Birth (Street and Number) *287 Hanover St*
5. Full Name of Mother *Cecilia E. Schenck*
6. Mother's Maiden Name *Cecilia E. Dixon*
7. Mother's Birthplace *Baltimore, Md*
8. Full Name of Father *Thomas Schenck*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore, Md*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooks M.D.*
- Address
- Remarks

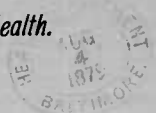
**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

32625



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 2<sup>nd</sup> 1879

4. Place of Birth (Street and Number)

22 Giffing St

5. Full Name of Mother

Lda F. Spruiger

6. Mother's Maiden Name

Lda F. Thompson

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Mr J. Spruiger

9. Father's Occupation

Machinist

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cook M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

32626

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child  
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 2nd 1879

4. Place of Birth (Street and Number)

107 Henrietta st  
Henrietta

5. Full Name of Mother

Wolff

6. Mother's Maiden Name

Kolupp

7. Mother's Birthplace

America

8. Full Name of Father

Gustav Wolff

9. Father's Occupation

Machinist

10. Father's Birthplace

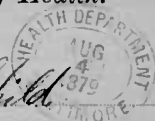
Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Lehrsart midwife  
330 Remover st.

Address

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32627

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Clara Emma Belle Burgess



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 2<sup>d</sup> 1879

4. Place of Birth (Street and Number)

450 Lexington St.

5. Full Name of Mother

Mary Amanda Burgess

6. Mother's Maiden Name

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Colet Henry Burgess

9. Father's Occupation

Silver Plate

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

GIVEN NAME ADDED 3-10-53

Wm. W. Murray M.D.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32628

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 28 August 79

4. Place of Birth (Street and Number) 98 E Fayette St.

5. Full Name of Mother Sallie Goldwin Wilson

6. Mother's Maiden Name Sallie Goldwin

7. Mother's Birthplace Balto. Md

8. Full Name of Father Emory Wilson

9. Father's Occupation laborer

10. Father's Birthplace Snow Hill Md

Name of Medical Attendant, or other Person who makes this Return. Dr. Leach

Address 18 94 Holland St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 1, 1879*
4. Place of Birth (Street and Number) *Spencer St. 216-32 North Liberty St.*
5. Full Name of Mother *John L. Anderson*
6. Mother's Maiden Name *John L. Anderson*
7. Mother's Birthplace *Scotland*
8. Full Name of Father *Robert Anderson*
9. Father's Occupation *Physician*
10. Father's Birthplace *Scotland*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. G. Gifford*
- Address *116 32 Howard St*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *2d of Aug. 1879*
4. Place of Birth (Street and Number) *Cor. of Bager and Gay Sts. Balt.*
5. Full Name of Mother *Elizabeth Rosenberg*
6. Mother's Maiden Name *Elizabeth Wittenbette*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Joseph Rosenberg*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Sanborn*
- Address *242 N. Central Avenue*
- Remarks *Doing well.*

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 2<sup>nd</sup> 79.  
45 Portland St. Balt  
Emilia Grofs

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Orerreichman Saxony Germany

Name of Medical Attendant,

Address

Remarks

Mrs R Schlifer (Midwife)  
# 33 S Howard St  
Baltimore

rect Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether male or female) *White, Male*  
 2. Race or Color (if not of the white race) *German*  
 3. Date of Birth *Aug 2 1879*  
 4. Place of Birth (Street and Number) *83 Wilhelm st Balt*  
 5. Full Name of Mother *Catharina Glanzer*  
 6. Mother's Maiden Name *Catharin Fifer*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Conrad Glanzer*  
 9. Father's Occupation *Barkeeper*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Wm A Jones*  
 Address *93 Freder. Ave Balt. Md*  
 Remarks *Still born*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32633

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Ninth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 2nd 1879

4. Place of Birth (Street and Number)

6 Willingers Court

5. Full Name of Mother

Sarah Murray

6. Mother's Maiden Name

McGuire

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Murray

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

J. H. Edwards

Address

5600 E. Bay St. (Carroll's St.)

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 2nd 1879

4. Place of Birth (Street and Number) No 9 Bond St

5. Full Name of Mother Mrs Mary Yells

6. Mother's Maiden Name " " Leonard

7. Mother's Birthplace Baltimore

8. Full Name of Father Robert Yells

9. Father's Occupation Cigar Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Getzke No 55 Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5-  
female  
Colored  
3 August 2. 1879  
36 harmony lane  
Mary Carter  
Mary Jones  
West river  
Samuel Jones  
Laborer  
Baltimore  
Chollot Proctor  
No 10 Carlton St

Correct Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Black

3. Date of Birth 2<sup>nd</sup> of August

4. Place of Birth (Street and Number) Martin St

5. Full Name of Mother Frances Smith

6. Mother's Maiden Name Dorsey

7. Mother's Birthplace Baltimore

8. Full Name of Father Isaac Smith

9. Father's Occupation Coachman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crasby

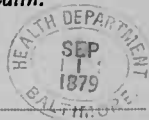
Address 367 Cathedral St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *W*

3. Date of Birth *August 2<sup>d</sup> 1879*

4. Place of Birth (Street and Number) *Battery Street 103*

5. Full Name of Mother *Juniaunde Lange*

6. Mother's Maiden Name *Juniaunde Uehle*

7. Mother's Birthplace *Germany*

8. Full Name of Father *George Lange*

9. Father's Occupation *Foreman*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. B. Brown*

Address *114 Battery St.*

Remarks



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

32638



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>.

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 2. 1879

4. Place of Birth (Street and Number)

So C. Fayette St.

5. Full Name of Mother

Emma Eugenia Horton

6. Mother's Maiden Name

Emma Eugenia Hickman

7. Mother's Birthplace

Maryland

8. Full Name of Father

Henry P. Horton Jr.

9. Father's Occupation

Mechanic

10. Father's Birthplace

St. Louis Mo.

Name of Medical Attendant, or other Person who makes this Return.

J. C. Ball 1<sup>st</sup>

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32639

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth -*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White -*  
 3. Date of Birth *Aug 2<sup>nd</sup> 1879*  
 4. Place of Birth (Street and Number) *885 W. Pratt St*  
 5. Full Name of Mother *Sarah Ann Galvin -*  
 6. Mother's Maiden Name *" " Litchfield -*  
 7. Mother's Birthplace *Howard Co. Md -*  
 8. Full Name of Father *William J. Galvin -*  
 9. Father's Occupation *Laborer -*  
 10. Father's Birthplace *Howard Co. Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Hester M.D.*  
 Address. *Mrs. J. Hester & Calhoun St*  
 Remarks

## rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 children
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored child
3. Date of Birth August 3 in the morning 3 o'clock
4. Place of Birth (Street and Number) No 8. Church St
5. Full Name of Mother Mary J. Brackson
6. Mother's Maiden Name Mary J. Jones
7. Mother's Birthplace tailors island
8. Full Name of Father George Brackson
9. Father's Occupation Drive Dray
10. Father's Birthplace Der Chester County or
- Name of Medical Attendant, or other Person who makes this Return. No Medical
- Address Nancy Logie. No. 20 Winers St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Aug. 3<sup>d</sup> 79*

4. Place of Birth (Street and Number) *24 Canton Ave*

5. Full Name of Mother *Elizabeth Rogers*

6. Mother's Maiden Name *Gottman*

7. Mother's Birthplace *City*

8. Full Name of Father *Geo. Rogers*

9. Father's Occupation *Cooper*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Bots*

Address *24 Canton Ave*

Remarks *Child Died of (Convulsions)*

*Aug. 6<sup>th</sup> 79*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 3<sup>rd</sup>

4. Place of Birth (Street and Number)

270 S<sup>th</sup>

5. Full Name of Mother

Elizabeth

6. Mother's Maiden Name

Harriet Walpert  
Kearns

7. Mother's Birthplace

City

8. Full Name of Father

Chas Walpert  
Laborer

9. Father's Occupation

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz  
245 Canton St. Ave

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH.

32648

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

96

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 3 1879

4. Place of Birth (Street and Number)

S. Wolfstr No 22

5. Full Name of Mother

Josephine Finger

6. Mother's Maiden Name

Bornman

7. Mother's Birthplace

Minden Prussia

8. Full Name of Father

August Finger

9. Father's Occupation

Tradesman

10. Father's Birthplace

Deutsch Herme West Prussia

Name of Medical Attendant, or other Person who makes this Return.

Wm J. H. Traupach

Address

S. Wolfstr No 22

Remarks

Minden

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth August 3
4. Place of Birth (Street and Number) 3 Chambers St. N.Y.
5. Full Name of Mother Mary E. Williams
6. Mother's Maiden Name Beatty
7. Mother's Birthplace Baltimore
8. Full Name of Father London Williams
9. Father's Occupation Salver
10. Father's Birthplace Philadelphia
- Name of Medical Attendant, or other Person who makes this Return. Wm. D. Taylor M.D.
- Address 306 - 1<sup>st</sup> St.
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *3d of August 1879*

4. Place of Birth (Street and Number) *192 Carrollton Avenue*

5. Full Name of Mother *Henriette Wilkens*

6. Mother's Maiden Name *Henriette Rippelmeyer*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Liedrich Wilkens*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Bremen, Germany*

Name of Medical Attendant, or other Person who makes this Return. *L. F. Reinhard*

Address *224 W. Fayette Street*

Remarks



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race)

3. Date of Birth 3 August

4. Place of Birth (Street and Number) 73 Washington St.

5. Full Name of Mother Theresa Theinart

6. Mother's Maiden Name Fuller

7. Mother's Birthplace Germany

8. Full Name of Father Michael Theinart

9. Father's Occupation Lawyer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Carpenter

Address 153 E. John Street

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

326117

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *3 August*
4. Place of Birth (Street and Number) *178 Canal St.*
5. Full Name of Mother *Ellen Gluck*
6. Mother's Maiden Name *Hinn*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Philip Gluck*
9. Father's Occupation *Carver*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Cooper*
- Address *53 E. Lombard*
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

32648

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
- Sex (state whether male or female) female
- Race or Color (if not of the white race)
- Date of Birth 3 August 1878
- Place of Birth (Street and Number) + Frederick St.
- Full Name of Mother Bertha Shlegel
- Mother's Maiden Name " Stein
- Mother's Birthplace Germany
- Full Name of Father Henry Shlegel
- Father's Occupation Restaurateur
- Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sarah Carper
- Address 53 E. Corn Canal
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

326119

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.** August 5<sup>th</sup> 1879



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug. 3<sup>rd</sup> 1879

4. Place of Birth (Street and Number) 176 Ann Street

5. Full Name of Mother Lucina Mohler

6. Mother's Maiden Name Louisa Nitzel

7. Mother's Birthplace America

8. Full Name of Father William Mohler

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. H. C. Mary Inaud.

Address 31 South Hope Street

Remarks H. C.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3 August
4. Place of Birth (Street and Number) 43 Eastern Ave
5. Full Name of Mother Katherine Maglin
6. Mother's Maiden Name Whies
7. Mother's Birthplace Baltimore
8. Full Name of Father Conrad Maglin
9. Father's Occupation None
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No. 70 Granby St
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32651

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 3 August
4. Place of Birth (Street and Number) N 15 Second St
5. Full Name of Mother Augusta Vogt
6. Mother's Maiden Name Gert
7. Mother's Birthplace Garming
8. Full Name of Father Henry Vogt
9. Father's Occupation Sinner
10. Father's Birthplace Garming
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No 70 Greenly St.
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32652

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Three*

1. Sex (state whether Male or Female) *Girl child*

2. Race or Color (if not of the white race) *Colored child*

3. Date of Birth *On Sunday Aug. the 3 1879*

4. Place of Birth (Street and Number) *Sarahanna st-*

5. Full Name of Mother *Susan Snoker*

6. Mother's Maiden Name *Susan Whistman*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *George*

9. Father's Occupation *any kind of labor n work*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Coroline Jones*

Address

Remarks *23 E Vine st*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32653

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Blk

3. Date of Birth

3 Aug 1879

4. Place of Birth (Street and Number)

286 Orleans

5. Full Name of Mother

Lizzie Brain

6. Mother's Maiden Name

Lizzie Clayton

7. Mother's Birthplace

8. Full Name of Father

Pho. Brain

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. M. P. Bates, M.D.  
174 S. Exeter St

Address

Remarks



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32654

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) - <sup>4</sup>First  
 1. Sex (state whether Male or Female) - Male  
 2. Race or Color (if not of the white race) - White  
 3. Date of Birth - August 3<sup>rd</sup>, 1879  
 4. Place of Birth (Street and Number) - 120 Orleans St.  
 5. Full Name of Mother - Mary Rebecca Waskey  
 6. Mother's Maiden Name - Fisher  
 7. Mother's Birthplace - Balt. City  
 8. Full Name of Father - Wm. Oliver Waskey  
 9. Father's Occupation - upholsterer  
 10. Father's Birthplace - Balt. City  
 Name of Medical Attendant, or other Person who makes this Return. - Dr. C. H. Bay  
 Address - 14 South Broadway  
 Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32655

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 3 1879*
4. Place of Birth (Street and Number) *130 Sansbury*
5. Full Name of Mother *Emma Genevieve*
6. Mother's Maiden Name *Emma Kessie*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Marcel Genevieve*
9. Father's Occupation *Dr.*
10. Father's Birthplace *France*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Schlifer*
- Address *33 S. Howard Street*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Second*  
*Female*  
*August 3 '79*  
*No 259 Jefferson St*  
*Mary M. Gipe*  
*Mary M. Moppe*  
*Maryland*  
*John H. Gipe*  
*Commission Merchant*  
*Baltimore*

*Mary A. Caldwell*

*286 Mc Donough St*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

32657

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

August

4. Place of Birth (Street and Number)

No. 422 E Madison

5. Full Name of Mother

Maggie Kraft

6. Mother's Maiden Name

Maggie Galston

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John B Kraft

9. Father's Occupation

Tailor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary et Albrecht

Address

286 W Donagh St

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32658



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) W

3. Date of Birth August 3<sup>rd</sup> 1877

4. Place of Birth (Street and Number) Johnson Street No. 100

5. Full Name of Mother Maggie Magel

6. Mother's Maiden Name Maggie Monahan

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father George Magel

9. Father's Occupation Carriage maker

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Dr. Geo. W. Brown

Address 114 W. Baltimore St.

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5d.*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *August 3<sup>d</sup> 1877.*

4. Place of Birth (Street and Number) *112 114 Bally St.*

5. Full Name of Mother *Elizabeth Bach.*

6. Mother's Maiden Name *Leaman.*

7. Mother's Birthplace *Prussia.*

8. Full Name of Father *George Keop.*

9. Father's Occupation *Seaman.*

10. Father's Birthplace *Prussia.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. M. Smith.*

Address *112 114 Bally St.*

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32660

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth August 30 1877

4. Place of Birth (Street and Number) 157 A Calhoun St

5. Full Name of Mother Logie Haynes

6. Mother's Maiden Name Paul

7. Mother's Birthplace England

8. Full Name of Father Chas A Haynes

9. Father's Occupation Music Teacher

10. Father's Birthplace Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. Wm H. Haynes

Address 582 W Hayette St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

32661  
14<sup>th</sup>  
Female  
White.  
Aug 3: 1879  
441 N. Main St.  
Clara C. Nudd.  
Clara C. Freeman.  
Maryland  
Edward M. Nudd.  
Merchant Sailor.  
Maryland.  
J. W. Nock M.D.  
75 E. Balt. St.



Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32662

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*  
1. Sex (state whether Ma'e or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Aug 3<sup>rd</sup> 1879*  
4. Place of Birth (Street and Number) *10 N Calhoun St*  
5. Full Name of Mother *Annie C Scarlett*  
6. Mother's Maiden Name *" " Brown*  
7. Mother's Birthplace *New Jersey*  
8. Full Name of Father *Robert W Scarlett*  
9. Father's Occupation *Merchants Agent*  
10. Father's Birthplace *Ireland*  
Name of Medical Attendant, or other Person who makes this Return. *W. H. [Signature]*  
Address *Mrs Fayette Calhoun St*  
Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Boys*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *2 August*

4. Place of Birth (Street and Number) *2 Barnes St.*

5. Full Name of Mother *Felicia Wachsmuth*

6. Mother's Maiden Name *Wacher*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Wachsmuth*

9. Father's Occupation *Saloon*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *J. Remond*

Address *22 Barnes St.*

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *Aug 5<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *81 Henrietta St*
5. Full Name of Mother *Allie Pettit*
6. Mother's Maiden Name *Allie Lane*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas Pettit*
9. Father's Occupation *Wagoner*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Henry B. Biers*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

32665

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



## Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *14th August*

4. Place of Birth (Street and Number) *States Street 15*

5. Full Name of Mother *Henry Bonds*

6. Mother's Maiden Name *Kelley An Virginia Ja Bonds*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *William Thomas*

9. Father's Occupation *Blackman*

10. Father's Birthplace *North Carolina*

Name of Medical Attendant, or other Person who makes this Return. *Edwin Schuch*

Address *112 Maple Street*

Remarks

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

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# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 4 August 1878
4. Place of Birth (Street and Number) 83 Tremont St.
5. Full Name of Mother Pauline Schetter
6. Mother's Maiden Name " Shaeffer
7. Mother's Birthplace Germany
8. Full Name of Father Wm. Schetter
9. Father's Occupation Musician
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sarah Culper
- Address 53 E. Lombard
- Remarks \_\_\_\_\_



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 4<sup>th</sup> 1879
4. Place of Birth (Street and Number) 392 Lexington St.
5. Full Name of Mother Emma Gaussey
6. Mother's Maiden Name " Kent
7. Mother's Birthplace Baltimore
8. Full Name of Father Louis Gaussey
9. Father's Occupation Clerk
10. Father's Birthplace Id.
- Name of Medical Attendant, or other Person who makes this Return. Jno. C. Harris, M.D.
- Address No. 360 Lexington St.
- Remarks

**Correct Record of Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "SEP 2 1879" is stamped. The stamp is slightly faded and has a textured appearance.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Aug 4. 1879  
Bankstr No 162  
Wm & J. Freeman  
Peter  
In 1879  
Bernard Freeman  
Starkippen  
Bernard & Boonover  
Yer. Feb. 1879  
P. Dr. str No 28  
und wife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Aug 24 1879
4. Place of Birth (Street and Number) 225 Pierce St
5. Full Name of Mother Ellen Quinn
6. Mother's Maiden Name " Burton
7. Mother's Birthplace England
8. Full Name of Father Robert Quinn
9. Father's Occupation Gas Fitter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Samuel L. Brown
- Address 144 Pennock Ave
- Remarks \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 14 1879
4. Place of Birth (Street and Number) Louis Point at 205 Cecily St
5. Full Name of Mother Mary Mcnelly
6. Mother's Maiden Name Mary Regan
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Mcnelly
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Margaret Ettel
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth

*August 4<sup>th</sup> 1879*

4. Place of Birth (Street and Number)

*193 Edmondson Avenue*

5. Full Name of Mother

*Janie Amelia Boggs*

6. Mother's Maiden Name

*Janie Amelia Seymour*

7. Mother's Birthplace

*General County, West Virginia.*

8. Full Name of Father

*Samuel Smith Boggs*

9. Father's Occupation

*Oyster Packers*

10. Father's Birthplace

*Eastern Shore, Maryland*

Name of Medical Attendant, or other Person who makes this Return.

*Philip S. Field*

Address

*No. 2 Haverly Terrace*

Remarks

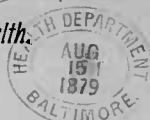
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32672  
32673



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(6th & 7th) German market St. near*
1. Sex (state whether Male or Female) *Males*
2. Race or Color (if not of the white race)
3. Date of Birth *August 4th 1879*
4. Place of Birth (Street and Number) *1441 French St.*
5. Full Name of Mother *Rose. Humphreys*
6. Mother's Maiden Name *McKinnan*
7. Mother's Birthplace *Baltic.*
8. Full Name of Father *Arthur J. Humphreys*
9. Father's Occupation *Liquor Dealer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Edward P. Mervin*
- Address *187 N. Egle St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 4<sup>th</sup>*
4. Place of Birth (Street and Number) *266 Howard St., 266 Howard St*
5. Full Name of Mother *Anna Rieger*
6. Mother's Maiden Name *Kroll*
7. Mother's Birthplace *Konstanz*
8. Full Name of Father *C. Phillip Rieger (Rieger)*
9. Father's Occupation *Cabinet maker*
10. Father's Birthplace *Groschützshum Baden*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Kroll*
- Address *328 S. Eutam St.*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 4th 1879*

4. Place of Birth (Street and Number) *No 209 W. Lombard St. Bch.*

5. Full Name of Mother *Rosa Goldenberg.*

6. Mother's Maiden Name *Steinh.*

7. Mother's Birthplace *Baltimore Ind.*

8. Full Name of Father *Max Goldenberg*

9. Father's Occupation *Dry Goods Merchant*

10. Father's Birthplace *Kestrich Nassau Darmstadt Germany*

Name of Medical Attendant, or other Person who makes this Return. *Sam. Broke W. Womble M.D.*

Address *No 203 W. Lombard St. Bch.*

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / 8

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *August 4<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *855 Burgundy Alley*

5. Full Name of Mother *Elizabeth Sedgwick*

6. Mother's Maiden Name

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *John Sedgwick*

9. Father's Occupation *Drayman*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*

Address *71 Burgundy Alley*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child, twins*

1. Sex (state whether male or female)
  2. Race or Color (if not of the white race), *white*
  3. Date of Birth *August the 4, 1879.*
  4. Place of Birth (Street and Number), *N. Chappel St. No 40.*
  5. Full Name of Mother *Anna B. Helder*
  6. Mother's Maiden Name *Anna B. Vogelysang*
  7. Mother's Birthplace *Berlin, Pr. S. Weimar, Germany*
  8. Full Name of Father *Anton Helder*
  9. Father's Occupation *Taylor*
  10. Father's Birthplace *Salz, N. Prussia, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Car E. Miller*
- Address *N. Dallas St. No 26.*

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 4 1879*
4. Place of Birth (Street and Number) *644 Madison Ave*
5. Full Name of Mother *Grace Tolgner*
6. Mother's Maiden Name *Grace Hoppen*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Edw L. Tolgner*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Wilkins*
- Address *121 W. Lombard St*
- Remarks



32680

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third child born on 4*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *Culard race*  
3. Date of Birth *4*  
4. Place of Birth (Street and Number) *Berkholm Street 25*  
5. Full Name of Mother *Julian alan*  
6. Mother's Maiden Name *Julian cook*  
7. Mother's Birthplace *Baltimore city*  
8. Full Name of Father *John tomas alan*  
9. Father's Occupation *Cartar*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Cathrine Riley*  
Address *walker Street 44*  
Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32681

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 4 - 79

4. Place of Birth (Street and Number)

No 206, Biddle St

5. Full Name of Mother

Maggie McJilton

6. Mother's Maiden Name

Maggie Evans

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Samuel McJilton

9. Father's Occupation

Street Paver

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Harry C. McJilton

Address 386 McDonough St

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person-in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32682

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White
3. Date of Birth August 4th 1879
4. Place of Birth (Street and Number) Church St No 39
5. Full Name of Mother Elizabeth Abinck Johnson
6. Mother's Maiden Name ~~Elizabeth Johnson~~ Elizabeth Abinck
7. Mother's Birthplace Baltimore
8. Full Name of Father John Johnson
9. Father's Occupation Boiler Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson
- Address 10 10 Elys St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32683

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Black*  
 3. Date of Birth *August 4<sup>th</sup> 1879.*  
 4. Place of Birth (Street and Number) *70 Moore's Alley*  
 5. Full Name of Mother *Catherine Boode*  
 6. Mother's Maiden Name  
 7. Mother's Birthplace *Baltimore City.*  
 8. Full Name of Father *John Boode*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Baltimore City.*  
 Name of Medical Attendant, or other Person who makes this Return. *Marcell D. Starnes M.D.*  
 Address *172 Franklin St.*  
 Remarks *Having been unavoidably detained in the country, it was impossible to return this report at required time.*  
*M.D.H.*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 4: 1879

4. Place of Birth (Street and Number)

507 E. Lombard St.

5. Full Name of Mother

Julia Barton

6. Mother's Maiden Name

Julia Penty

7. Mother's Birthplace

Maryland

8. Full Name of Father

James I. Barton

9. Father's Occupation

Merchant Tailor

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. H. Hinch, M.D.

Address

75 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *5 August 1879*
4. Place of Birth (Street and Number) *417 Fayette*
5. Full Name of Mother *Anna Shmitken*
6. Mother's Maiden Name *Hein*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Shmitken*
9. Father's Occupation *Confectioner*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Carter*
- Address *52 E. Lombard*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32686

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



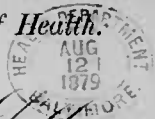
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 5 1879
4. Place of Birth (Street and Number) No 45 Bandal st
5. Full Name of Mother Mary Eckhart
6. Mother's Maiden Name Mary Taylor
7. Mother's Birthplace Winchester Va
8. Full Name of Father Howard Eckhart
9. Father's Occupation Breaksman
10. Father's Birthplace Winchester Va
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson
- Address No 10 Abys St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32687

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 5<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *1212 York st*
5. Full Name of Mother *Lutern Ligon*
6. Mother's Maiden Name *Andrews*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Wilhelm Ligon*
9. Father's Occupation *Storekeeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schyesser midwife*
- Address *330 Hanover st.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32688

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
- Sex (state whether Male or Female) Female.
- Race or Color (if not of the white race) White
- Date of Birth Aug. 5<sup>th</sup> 1879.
- Place of Birth (Street and Number) No 396 McHenry St
- Full Name of Mother Augusta Thomas.
- Mother's Maiden Name Augusta Burns
- Mother's Birthplace Baltimore
- Full Name of Father John Thomas
- Father's Occupation Barber.
- Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Catherine Dell.
- Address 57 Bantalone St
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32689

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *August - The 5<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *So Chase and Buren Balts. Md.*
5. Full Name of Mother *Cornelia Rebecca Gold*
6. Mother's Maiden Name *Cornelia Rebecca Jackson*
7. Mother's Birthplace *Baltimore Maryland*
8. Full Name of Father *George Lawrence Gold*
9. Father's Occupation *Stone Cutter*
10. Father's Birthplace *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Sarah Wooden*
- Address *330 Disquith Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 5 1879*
4. Place of Birth (Street and Number) *# Madison Alley*
5. Full Name of Mother *Elizabeth W. Becker*
6. Mother's Maiden Name *Elizabeth Wagner*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Conrad Becker*
9. Father's Occupation *Box Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Elvins*
- Address *# 171 S. Washington St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32191

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 11 5 1879 August

4. Place of Birth (Street and Number) 33 May Street

5. Full Name of Mother Rachel Ann Summers

6. Mother's Maiden Name B. A. Black

7. Mother's Birthplace Tanbridge

8. Full Name of Father Malacian Summers

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. Miller

Address 70 Cherry Street

Remarks Stillborn child during labor

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

39693

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 5<sup>th</sup> 79

4. Place of Birth (Street and Number)

17 Ramsay St

5. Full Name of Mother

Virginia Trues

6. Mother's Maiden Name

Shirley

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

Julius Trues

9. Father's Occupation

Machinist

10. Father's Birthplace

France

Name of Medical Attendant, or other Person who makes this Return

Mary Koch

Address

1328 E. Euter St

Remarks



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 5th 1879*

4. Place of Birth (Street and Number) *339 Sharp St*

5. Full Name of Mother *Cecelia Cillbacher*

6. Mother's Maiden Name *Cecelia Luck*

7. Mother's Birthplace *Philadelphia*

8. Full Name of Father *Vera Cillbacher*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who make this Return. *Theodore Cook M.D.*

Address

Remarks

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
Aug 30 1879  
666 Light St  
Sarah England  
Sarah A. Parkman  
Baltimore Md  
Mrs. C. England  
Fireman  
Baltimore Md  
Theodore Cook Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) male
  2. Race or Color (if not of the white race) colored
  3. Date of Birth augus 5
  4. Place of Birth (Street and Number) male ally no. 1 Baltimore
  5. Full Name of Mother carrie guiles
  6. Mother's Maiden Name carrie herrey
  7. Mother's Birthplace sumer set county
  8. Full Name of Father neiles ailes
  9. Father's Occupation sea man
  10. Father's Birthplace sumer set county
- Name of Medical Attendant, or other Person who makes this Return. Sarah darhen
- Address reases cort. B. Number
- Remarks five dollars



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether male or female) *Girl*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *August 5<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *93 Conway Street*
5. Full Name of Mother *Mrs. Edgwick*
6. Mother's Maiden Name
7. Mother's Birthplace *Calvert County, Maryland*
8. Full Name of Father *Balth City*
9. Father's Occupation *Druggist*
10. Father's Birthplace *Daniel Edgwick*
- Name of Medical Attendant, or other Person who makes this Return. *Lebrah Thomas*
- Address *11 Burgandy Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *5 August*
4. Place of Birth (Street and Number) *No. 99 Albemarle st*
5. Full Name of Mother *Mary Kelly*
6. Mother's Maiden Name *Mrs. Glavin*
7. Mother's Birthplace *America*
8. Full Name of Father *Patrick Kelly*
9. Father's Occupation *Stone Cutter*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *Eliza Flemming*
- Address *No 95 Albemarle st.*
- Remarks *healthy*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32698

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *August the 5th 1899*
4. Place of Birth (Street and Number) *No 29 E. Baltimore St*
5. Full Name of Mother *Elise Holder*
6. Mother's Maiden Name *Elise Holder*
7. Mother's Birthplace *Hallers Hill Prussia*
8. Full Name of Father *Charles Holder*
9. Father's Occupation *negro*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Schleif*
- Address *No 33 South Howard St*
- Remarks



Recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 5. 1879
4. Place of Birth (Street and Number) N. 29 Shapershoe St
5. Full Name of Mother Louisa Hufnagle
6. Mother's Maiden Name " " " Heiser
7. Mother's Birthplace Baltimore
8. Full Name of Father John Hufnagle
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetzke
- Address N. 31 S. Bond St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32700

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> of kind*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 5<sup>th</sup> 1894*
4. Place of Birth (Street and Number) *No 231 1/2 Broadway*
5. Full Name of Mother *Eide Hacker*
6. Mother's Maiden Name *Eide Vater*
7. Mother's Birthplace *Deutschland*
8. Full Name of Father *Gustav Hacker*
9. Father's Occupation *Handwerker*
10. Father's Birthplace *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address *No 194 E. Dallas Str*
- Remarks *Heimlich*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 5

4. Place of Birth (Street and Number)

20 Forrest Place

5. Full Name of Mother

Mary Roddy

6. Mother's Maiden Name

Norton

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Roddy

9. Father's Occupation

Porter

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Assula J. Shrimme

Address

No. 7 Forrest Place

Remarks

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 5 1879*

4. Place of Birth (Street and Number) *1064 Center St*

5. Full Name of Mother *Terila Sund*

6. Mother's Maiden Name *" " Hammond*

7. Mother's Birthplace *Kurhässen Germany*

8. Full Name of Father *William Sund*

9. Father's Occupation *Cattle raiser*

10. Father's Birthplace *Hannover Holland*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. H. A. Smith*

Address *185 Central St*

Remarks *All well*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

327113

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 5 1899
4. Place of Birth (Street and Number) Howell St No 45
5. Full Name of Mother Margaret Sanford
6. Mother's Maiden Name Margaret Sison
7. Mother's Birthplace Westford County, Va
8. Full Name of Father John Sanford
9. Father's Occupation Waterman
10. Father's Birthplace Westford County, Va
- Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson
- Address No 10 Elys St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32704

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 5th 1879*
4. Place of Birth (Street and Number) *97 Hollins St.*
5. Full Name of Mother *Octavia Mitchell*
6. Mother's Maiden Name *Jones*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Walter E. Mitchell*
9. Father's Occupation *Silver Plater*
10. Father's Birthplace *New Jersey*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Leguery M.D.*
- Address *McCr Fayette & Calhoun St.*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchieur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32705

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 5<sup>th</sup>*  
 4. Place of Birth (Street and Number) *Union Street OH av.*  
 5. Full Name of Mother *Lizzie Herpel*  
 6. Mother's Maiden Name *Lizzie Smith*  
 7. Mother's Birthplace *Balt Co*  
 8. Full Name of Father *Mr Herpel*  
 9. Father's Occupation *China packer*  
 10. Father's Birthplace *Balt Collier*  
 Name of Medical Attendant, or other Person who makes this Return. *W. A. Lucas*  
 Address *1422 N Charles*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 24 1879
4. Place of Birth (Street and Number) 194 S. Fremont St.
5. Full Name of Mother Gallie N. Jackson
6. Mother's Maiden Name Gallie N. Breckenridge
7. Mother's Birthplace Winchester Co. Ind.
8. Full Name of Father Wm. Jackson
9. Father's Occupation Carpenter
10. Father's Birthplace W. Va.
- Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

*Correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 5<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *581 Hanover St*
5. Full Name of Mother *Anna Drost*
6. Mother's Maiden Name *Anna Forrester*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Goldsbrough Drost*
9. Father's Occupation *Car Driver*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary A. Richmond*
- Address *185 L & E. St.*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32708



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 1-5th 1879*  
 4. Place of Birth (Street and Number) *Republican St*  
 5. Full Name of Mother *Mary McCarron*  
 6. Mother's Maiden Name *Mary Redwin*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *James McCarron*  
 9. Father's Occupation *Employee Rail Road*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary A. Richmond*  
 Address *185 E. E. St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 11 1879*
4. Place of Birth (Street and Number) *Miss Kate Chambers*
5. Full Name of Mother *Kate Engel*
6. Mother's Maiden Name *Engel*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Engel*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. D. H. Hays*
- Address *229 Lombard St*
- Remarks *Living well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

August 6th

4. Place of Birth (Street and Number)

352 West St

5. Full Name of Mother

Mary Harris

6. Mother's Maiden Name

Mary Banks

7. Mother's Birthplace

Essex County, Virginia

8. Full Name of Father

George Harris

9. Father's Occupation

laborer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Mrs Lydia Porter

Address

no 4 part 1 coarvme

Remarks

healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32,711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 6th.
4. Place of Birth (Street and Number) 48 Chestnut St.
5. Full Name of Mother Emma E. Skill.
6. Mother's Maiden Name Emma E. Cape.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father William T. Skill.
9. Father's Occupation Black
10. Father's Birthplace Georgetown D. C.
- Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson.
- Address 81 Chestnut St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *August 6<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *209 N. Karolienstr.*
5. Full Name of Mother *Philippine Leon*
6. Mother's Maiden Name *John Hamann*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Heinrich Stern*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Marie R. Rudiger*
- Address *134 N. Bondstr.*
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32713

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth 6 August 1879
4. Place of Birth (Street and Number) No 47 Dallas St
5. Full Name of Mother Shea Blackman
6. Mother's Maiden Name Shea
7. Mother's Birthplace Nation Ind
8. Full Name of Father John Black
9. Father's Occupation Labr
10. Father's Birthplace North Am
- Name of Medical Attendant, or other Person who makes this Return. Burns
- Address William 70 Home
- Remarks Just

# RETURN OF A BIRTH.

327111

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

Sex (state whether Male or Female) female

Race or Color (if not of the white race) colored

Date of Birth aug 6

Place of Birth (Street and Number) huse st 273

Full Name of Mother Addaline Massey

Mother's Maiden Name Addaline Massey

Mother's Birthplace Siscil county Maryland

Full Name of Father Charly Nelson

Father's Occupation oyster Shocker

Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this return Caroline Moore

Address 273 huse st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Aug 6<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *No 1637 S Register St*

5. Full Name of Mother *Mary Greif*

6. Mother's Maiden Name *" See greiber*

7. Mother's Birthplace *City*

8. Full Name of Father *Heuman Greif*

9. Father's Occupation *Cooper*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Elizabeth Betz*

Address *1245 Canton Ave*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32716

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 6th 1879

4. Place of Birth (Street and Number)

W - Scott St

5. Full Name of Mother

Lizzie Emmorh

6. Mother's Maiden Name

Sheppard

7. Mother's Birthplace

W. Va.

8. Full Name of Father

David Emmorh

9. Father's Occupation

Brick Mason

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Dr. D. Blake M.D.

Address

133 Scott St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 6. 1879
4. Place of Birth (Street and Number) 172 Myrtle Avenue
5. Full Name of Mother Louisa Volek
6. Mother's Maiden Name Twile
7. Mother's Birthplace Baltimore City
8. Full Name of Father Geo. W. B. C. Volek
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer M.D.
- Address 58 M<sup>e</sup> Cullough St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32718

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 6th 1879*
4. Place of Birth (Street and Number) *124 Druid Hill Ave.*
5. Full Name of Mother *Mary E. McKenna*
6. Mother's Maiden Name *Mary E. Kerwin*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Thos. McKenna*
9. Father's Occupation *Storekeeper*
10. Father's Birthplace *County Monaghan Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *F. C. Chatain Jr.*
- Address *114 Park Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32719

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *August 6th*  
 4. Place of Birth (Street and Number) *419 McHenry St*  
 5. Full Name of Mother *Mary E. Carson*  
 6. Mother's Maiden Name *Mary E. Poole*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *John Carson*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *M. J. Lemmon*  
 Address *435 McHenry St*  
 Remarks *Healthy*



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32720

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) race colored
3. Date of Birth August the 6. 1879
4. Place of Birth (Street and Number) Hill Street No 132
5. Full Name of Mother Emeline Camper
6. Mother's Maiden Name Emeline Reene
7. Mother's Birthplace Charleston county S.C.
8. Full Name of Father William James Camper
9. Father's Occupation Labor
10. Father's Birthplace Charleston county S.C.
- Name of Medical Attendant, or other Person who makes this Return. Rachel Chalm
- Address N 265 Montgomery St.
- Remarks

1000-10000 of Birth Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32791

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 6 1879
4. Place of Birth (Street and Number) 211 Elys St
5. Full Name of Mother Mary Ann Boice
6. Mother's Maiden Name Mary Ann Low
7. Mother's Birthplace Baltimore
8. Full Name of Father George Boice
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Albany E. Anderson
- Address 210 Elys St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Brown complexion*

3. Date of Birth *August 6<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *# 31 Hargrove Alley*

5. Full Name of Mother *Mary Cole*

6. Mother's Maiden Name *Johnson*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Cole*

9. Father's Occupation *Writer*

10. Father's Birthplace *Kent Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address *# 6 Hamilton St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32722

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race)
3. Date of Birth 6 August
4. Place of Birth (Street and Number) 4 Balto. St.
5. Full Name of Mother Flora Deter
6. Mother's Maiden Name " Cannon
7. Mother's Birthplace Md.
8. Full Name of Father Will Deter
9. Father's Occupation Postman
10. Father's Birthplace 11 St.
- Name of Medical Attendant, or other Person who makes this Return. Sarah Carpenter
- Address 53 E. Somers Lane
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32724

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth The 6th of May 1891  
4. Place of Birth (Street and Number) 123 Fairmount Ave  
5. Full Name of Mother Maria Bank  
6. Mother's Maiden Name Maria Bank  
7. Mother's Birthplace Baltimore  
8. Full Name of Father John James Bank  
9. Father's Occupation Butcher  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Charles H. Bank  
Address 123 Fairmount Ave  
Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as on their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32725

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth augus. 6 1879
4. Place of Birth (Street and Number) elbow lane no 1.10
5. Full Name of Mother kate clark
6. Mother's Maiden Name kate brown.
7. Mother's Birthplace Baltimore city
8. Full Name of Father Sam clark
9. Father's Occupation day man
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Sarah dasken
- Address reases court no number
- Remarks five dollars

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the father's name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Female White  
White  
Aug. 6<sup>th</sup> 1879  
68 E. Fayette St.  
Lizzie Brown  
Stevenson  
Edinburgh, Scotland  
Joseph W. Brown  
Shipper Maker  
Mountchank Pa.  
Wm. A. N. Mayson M.D.  
18 St. Louis St.  
A fine large baby

Correct Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, nurse, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32727

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether ~~Male~~ or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

10<sup>th</sup> 15<sup>th</sup> P.M. 6<sup>th</sup> August, 1879.

4. Place of Birth (Street and Number)

127 N. Madison St. Balt. City - Md.

5. Full Name of Mother

Margaret Jane Williamson

6. Mother's Maiden Name

Margaret Jane Williamson

7. Mother's Birthplace

Baltimore City - Maryland.

8. Full Name of Father

James O'Law Williamson

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore City - Maryland.

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Hersh M.D.

Address

236 W. Leonard St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32728

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex (state whether ~~male~~ or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 1<sup>st</sup> 1879*

4. Place of Birth (Street and Number) *Little Alice St. No 418*

5. Full Name of Mother *Magdalena Becker*

6. Mother's Maiden Name *Magdalena Löffler*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Charles Becker*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Harry E. Müller*

Address *N. Dallas St. No 26*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 6<sup>th</sup> 1879

4. Place of Birth (Street and Number)

No 277 E. Dallas St

5. Full Name of Mother

Marg. Heil

6. Mother's Maiden Name

Marg. Ernst

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Peter Heil

9. Father's Occupation

Handarbeiter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Frederick Hausmann

Address

No 197 E. Dallas St

Remarks

Heim

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32730

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



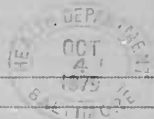
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1st August*
4. Place of Birth (Street and Number) *No 73 Spennmount St*
5. Full Name of Mother *Louisa Wolfshlagel*
6. Mother's Maiden Name *Louisa Kümme*
7. Mother's Birthplace *Howard Co.*
8. Full Name of Father *Louis Wolfshlagel*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Co.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs H. S. Burt*
- Address *185 Central Av*
- Remarks *All well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32731



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 6th 1879
4. Place of Birth (Street and Number) Orleans St 83
5. Full Name of Mother Mary Hannah
6. Mother's Maiden Name Hock
7. Mother's Birthplace Balto Md
8. Full Name of Father ~~Balto Md~~ Jacob Hannah
9. Father's Occupation Brickster
10. Father's Birthplace Balto Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Helling
- Address 178 Hollands
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32732

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth

6th August 1879

4. Place of Birth (Street and Number)

#258. N. Carey Street

5. Full Name of Mother

Blanche Tucker

6. Mother's Maiden Name

Blanche O'Hara

7. Mother's Birthplace

Maryland

8. Full Name of Father

Francis Tucker

9. Father's Occupation

Lawyer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Geo H. Dwyer  
1 Waverly Terrace

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32733

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Born Aug 6th
4. Place of Birth (Street and Number) Baltimore 265 Howard St
5. Full Name of Mother Mary Parrie
6. Mother's Maiden Name " Bartholomew
7. Mother's Birthplace Scotland
8. Full Name of Father William Parrie
9. Father's Occupation Business
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Amelia M. Criss
- Address 380 Broadway St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2d / Female  
White  
Aug 7th 1879  
566 Cannery St  
Mary Furbuckle  
Mary Duncan  
Scotland  
Wm Aurbuckle  
Agent for Life Factory  
Scotland  
Theodore Cook M.D.

32736-

Health, DEPARTMENT  
JUG  
12  
1879  
BALTIMORE

Apr 10 1871

- Male  
Colored  
F<sup>th</sup> of August  
Baltimore, Maryland F 283  
Minerva Bodley  
Minerva Thomas  
Baltimore County  
George Bodley P  
Laborer  
Baltimore County

Elisabetta Foa

210211 - 1/2 between 1000 x 1000

Healthy



That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32736

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth *7th Aug 1879*  
 4. Place of Birth (Street and Number) *236 Maryland Ave*  
 5. Full Name of Mother *Lucie Talbot Todd*  
 6. Mother's Maiden Name *Lucie Talbot*  
 7. Mother's Birthplace *Ind*  
 8. Full Name of Father *Thomas Todd*  
 9. Father's Occupation *Book Keeper*  
 10. Father's Birthplace *Virginia*  
 Name of Medical Attendant, or other Person who makes this Return. *C B Lambie M D*  
 Address *108 Cathedral*  
 Remarks *It will be noted 236 Md Ave is beyond city limits*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32737

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *August 7th 1879*
4. Place of Birth (Street and Number) *No 169 Bank St.*
5. Full Name of Mother *Ella Ruth Board*
6. Mother's Maiden Name *Todd*
7. Mother's Birthplace *Baltimore City Md.*
8. Full Name of Father *Andrew Jackson Board*
9. Father's Occupation *A Physician*
10. Father's Birthplace *Hartford County Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *A. J. Board M.D.*
- Address *No 169 Bank St.*
- Remarks *This child is perfectly developed  
Childs fair to live*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32738

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*

1. Sex (state whether male or female) *female*

2. Race or Color (if not of the white race) *Colored race*

3. Date of Birth *August the 7-18-79*

4. Place of Birth (Street and Number) *323 1/2 Durham St Baltimore*

5. Full Name of Mother *Charlottie Davis*

6. Mother's Maiden Name *Charlottie Lee*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *John Davis*

9. Father's Occupation *Labor*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Lurinda Walford*

Address *130 N. Register St Baltimore Md*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32739

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 7th August

4. Place of Birth (Street and Number) 272 Calvert St

5. Full Name of Mother Joseph Gatz

6. Mother's Maiden Name Meadowcroft

7. Mother's Birthplace Baltimore

8. Full Name of Father John Gatz

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Jubb

Address 99 Lancaster St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child  
1. Sex (state whether Male or Female) female  
2. Race or Color (if not of the white race) colored  
3. Date of Birth august 7th  
4. Place of Birth (Street and Number) 157 Vine st  
5. Full Name of Mother Mary Boston  
6. Mother's Maiden Name Mary Price  
7. Mother's Birthplace Washington D.C.  
8. Full Name of Father Harper Boston  
9. Father's Occupation Wagoner  
10. Father's Birthplace Baltimore Md.  
Name of Medical Attendant, or other Person who makes this Return. Eliza Cornish  
Address 104 Harmony Lane  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *August 7th 1879*

4. Place of Birth (Street and Number) *Nb. 105 High str.*

5. Full Name of Mother *Mary Kampman*

6. Mother's Maiden Name *Schultze*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Theodore Kampman*

9. Father's Occupation *Tailor*

10. Father's Birthplace *Europe*

Name of Medical Attendant, or other Person who makes this return *Mrs. C. Bernstein*

Address *113 S. Lombard str.*

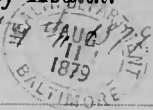
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 7<sup>th</sup> 1879



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth August 7<sup>th</sup> 1879
4. Place of Birth (Street and Number) 5 Bradford Alley.
5. Full Name of Mother Emilia Giese.
6. Mother's Maiden Name Emilia Hoffmann.
7. Mother's Birthplace America
8. Full Name of Father Ernst Giese.
9. Father's Occupation Laborer.
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mr. Mary Amend.

Address No. 137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent/s, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32743

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 child

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

August 7 1879

4. Place of Birth (Street and Number)

W. S. Davis Lane ST

5. Full Name of Mother

Ellen Rebecca McKay

6. Mother's Maiden Name

Ellen Rebecca Murphy

7. Mother's Birthplace

West India Islands

8. Full Name of Father

John McKay

9. Father's Occupation

heater in iron works

10. Father's Birthplace

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Reachel Ann Garrett

Address

67 Burke ST

Remarks



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Brown Complexion Female*
2. Race or Color (if not of the white race) *Brown Complexion*
3. Date of Birth *August 7th 1879*
4. Place of Birth (Street and Number) *# 70 Davis St*
5. Full Name of Mother *Ann Spruiks*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Frederic Co Md.*
8. Full Name of Father *John Spruiks*
9. Father's Occupation *Shuckster*
10. Father's Birthplace *Montgomery Co Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address *# 6 Hamilton St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32745

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth aug 7

4. Place of Birth (Street and Number) 57 arleams st

5. Full Name of Mother julia johnson

6. Mother's Maiden Name julia johnson

7. Mother's Birthplace Baltimore md

8. Full Name of Father william johnson

9. Father's Occupation laborer

10. Father's Birthplace Dorchester co md

Name of Medical Attendant, or other Person who makes this Return. miss lea johnson

Address no 32 short st

Remarks a not healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *August 7, 1879*

4. Place of Birth (Street and Number) *17 Oxford St*

5. Full Name of Mother *Rachel Ann Garrett*

6. Mother's Maiden Name *Wilson*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Charles W. Garrett*

9. Father's Occupation *Driver*

10. Father's Birthplace *Anne Arundel Co. Md*

Name of Medical Attendant, or other Person who makes this Return. *J. E. Atkinson*

Address *223 Madison St*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32747

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 7th 3 am.

4. Place of Birth (Street and Number)

Maternity Hosp. 163 Tr. Lombard St

5. Full Name of Mother

Rose Rebell

6. Mother's Maiden Name

7. Mother's Birthplace

U.S. Unknown

8. Full Name of Father

Unknown

9. Father's Occupation

Unknown

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. H. Branham M. D.

Address

163 Tr. Lombard St.

Remarks

Mother and Child doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39,745

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

7

3. Date of Birth

4. Place of Birth (Street and Number)

High Street 165  
Thomas J. Dawson

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Baltimore  
Thomas J. Dawson

9. Father's Occupation

Breakfast Ballroom

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Miss Mary L. Loring  
No. 112 Scott St

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*White*  
*Aug. 7<sup>th</sup> 79*  
*Universal Hospital*  
*Mary E. Hosley*  
*Va.*  
*J. B. Bruce M.D.*  
*Universal Hospital*  
*Labor normal, head presentation of occipito iliac anterior.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 5<sup>th</sup>
4. Place of Birth (Street and Number) 166 Columbia Ave.
5. Full Name of Mother Catherine Reck
6. Mother's Maiden Name German
7. Mother's Birthplace Prussia
8. Full Name of Father German Reck
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mary Wood
- Address 328 J. Euter St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32757

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) **3**
1. Sex (state whether male or female) **Female**
2. Race or Color (if not of the white race)
3. Date of Birth **August the 8**
4. Place of Birth (Street and Number) **No 16 Dinmont St Baltimore**
5. Full Name of Mother **Elizabeth Roche**
6. Mother's Maiden Name **Elizabeth Greider**
7. Mother's Birthplace **Baltimore**
8. Full Name of Father **John M W Roche**
9. Father's Occupation **Trunk Maker**
10. Father's Birthplace **Baltimore**
- Name of Medical Attendant, or other Person who makes this Return. **Anne Danna CC Schroter St**
- Address
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug. 7th/79

4. Place of Birth (Street and Number) 199 N. Dulaney St.

5. Full Name of Mother Ellen J. Gentry

6. Mother's Maiden Name " Martin

7. Mother's Birthplace Balti.

8. Full Name of Father John Gentry

9. Father's Occupation Stonecutter

10. Father's Birthplace Eastern Shore. Md.

Name of Medical Attendant, or other Person who makes this Return. Edward J. McDevitt

Address 137 N. Egle St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32753



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 8th 1879*
4. Place of Birth (Street and Number) *# Eastern Ave*
5. Full Name of Mother *Joanna R Ossindorf*
6. Mother's Maiden Name *Joanna Rethman*
7. Mother's Birthplace *America*
8. Full Name of Father *Joseph Ossindorf*
9. Father's Occupation *Laborer*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Quinn*
- Address *# 171 S Washington St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32754

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *August the 8. 1879.*
  4. Place of Birth (Street and Number) *Block St. No 23*
  5. Full Name of Mother *Mary Long*
  6. Mother's Maiden Name *Mary McVeeney*
  7. Mother's Birthplace *Canton Prov. N. Gr. Brit. Europa*
  8. Full Name of Father *James Long*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Canton Clair. N. Gr. Brit. Europa*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Miller*
- Address *N. Dallas St. No 26,*

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32755

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Sixth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 8. 1879*
4. Place of Birth (Street and Number) *N.W. Cor. Division & Leavens*
5. Full Name of Mother *Martha Jane Bush*
6. Mother's Maiden Name *Mrs. Mullen*
7. Mother's Birthplace *Balto. City Md*
8. Full Name of Father *Peter Bush*
9. Father's Occupation *Cabinet Maker*
10. Father's Birthplace *Hartford Connecticut*
- Name of Medical Attendant, or other Person who makes this Return. *W. Christian M.D.*
- Address *431 Penna. Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residences of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32756

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 8th 1879

4. Place of Birth (Street and Number)

589 W Lombard St

5. Full Name of Mother

Mary M Delea Fattum

6. Mother's Maiden Name

Mary Lucretia Spatzlor

7. Mother's Birthplace

City of Baltimore

8. Full Name of Father

Samuel Fattum

9. Father's Occupation

Mechanic

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

D. C. Shimer M.D.

Address

41 W Carey St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32757

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 1 8 1879*
4. Place of Birth (Street and Number) *2203 1/2 Lombard St*
5. Full Name of Mother *Fannie Hennes*
6. Mother's Maiden Name *Fannie Smoking*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Geo Hennes*
9. Father's Occupation *Black*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. J. Hennes*
- Address *121 1/2 Pennsylvania St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 8 1879*
4. Place of Birth (Street and Number) *47 Coopers St*
5. Full Name of Mother *Annie G. Green*
6. Mother's Maiden Name *Annie G. Johnson*
7. Mother's Birthplace *French Cann. Cecil Co and*
8. Full Name of Father *James G. Green*
9. Father's Occupation *laborer*
10. Father's Birthplace *Tadn of painted part Chemsing County*
- Name of Medical Attendant, or other Person who makes this Return *Margaret Little*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32769

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 8th 1879*

4. Place of Birth (Street and Number) *No 225 Carrollton Av. Bal.*

5. Full Name of Mother *Anna Virginia Emery*

6. Mother's Maiden Name *" " Nichols*

7. Mother's Birthplace *Georgetown D. C.*

8. Full Name of Father *John Brown Emery*

9. Father's Occupation *Granite Yard*

10. Father's Birthplace *Merimack N. H.*

Name of Medical Attendant, or other Person who makes this Return.

*Pembroke M. Womble M. D.*

Address

*No 205 W. Lombard St. Bal.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32760

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Five Children*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *8<sup>th</sup> of Aug<sup>st</sup>*
4. Place of Birth (Street and Number) *14<sup>th</sup> Mason St*
5. Full Name of Mother *Mary Murray*
6. Mother's Maiden Name *Mary Simpson*
7. Mother's Birthplace *Bu. Dorchester County*
8. Full Name of Father *John Simpson*
9. Father's Occupation *Porter*
10. Father's Birthplace *Caroline County*
- Name of Medical Attendant, or other Person who makes this Return. *Harriet Britton*
- Address *100 N. 5<sup>th</sup> St E. Len St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

76

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 8. 1879

4. Place of Birth (Street and Number)

J. E. Denstr 110 117

5. Full Name of Mother

Haroline Welsh

6. Mother's Maiden Name

Eckhorn

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Geary Welsh

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. Johann Brown

Address

J. Wolfstr 110 28

Remarks

Underside

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 *child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *August 8th*
4. Place of Birth (Street and Number) *160 Vine St*
5. Full Name of Mother *Rachel Hack*
6. Mother's Maiden Name *~~Mary~~ ~~Thurston~~ Rachel Jackson*
7. Mother's Birthplace *frederick md*
8. Full Name of Father *Benjamin Hackson*
9. Father's Occupation *Porter*
10. Father's Birthplace *accabonac Co Va*
- Name of Medical Attendant, or other Person who makes this Return. *Eliza Cornish*
- Address *105 Harmony lane*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32763

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Born on the 8th of August 1879*
4. Place of Birth (Street and Number) *4 Soliman Alley*
5. Full Name of Mother *L. Knecht*
6. Mother's Maiden Name *L. Reipholz*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Jacob Knecht*
9. Father's Occupation *laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *Miss Hillier*
- Address *1017 West Pratt St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32764

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32765

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 9<sup>th</sup>



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 8<sup>th</sup> 1879

4. Place of Birth (Street and Number) 137 Wolfe St.

5. Full Name of Mother Mary Jackson

6. Mother's Maiden Name Mary Amend

7. Mother's Birthplace Germany

8. Full Name of Father Albert Jackson

9. Father's Occupation Farmer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Dr. Mary Amend

Address No. 137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 9<sup>th</sup> 1879



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9<sup>th</sup>.

1. Sex (state whether male or female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth August 7<sup>th</sup> 1879.

4. Place of Birth (Street and Number) 11 Duncan Alley.

5. Full Name of Mother ~~John B. F.~~

6. Mother's Maiden Name Annia B. Futttermüller

7. Mother's Birthplace Germany.

8. Full Name of Father John Horst.

9. Father's Occupation Baker.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Imend.

Address No. 137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32767

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

25th of August 1879

4. Place of Birth (Street and Number)

113 North Chappel Street

5. Full Name of Mother

Mary Richard

6. Mother's Maiden Name

Kelly McCallister

7. Mother's Birthplace

Ireland

8. Full Name of Father

Abraham McCallister

9. Father's Occupation

Carpenter

10. Father's Birthplace

Greenaway

Name of Medical Attendant, or other Person who makes this Return.

Leventin K. Hall

Address

113 North Chappel Street, per Joseph Hall

Remarks

Healthy



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

32768

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug 1
4. Place of Birth (Street and Number) 130
5. Full Name of Mother Mary Thompson
6. Mother's Maiden Name Mary Hitchens
7. Mother's Birthplace Baltimore and
8. Full Name of Father Henry Thompson
9. Father's Occupation Walter
10. Father's Birthplace Baltimore Co
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Lee Johnson
- Address no 32 Short st
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup>

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Aug 8<sup>th</sup> 1879

4. Place of Birth (Street and Number)

53 Hollins St

5. Full Name of Mother

Bertha Berwenger

6. Mother's Maiden Name

Bertha Katzenstein

7. Mother's Birthplace

Germany

8. Full Name of Father

Benjamin Berwenger

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Abraham Arnold M.D.

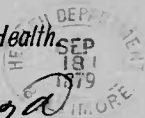
Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d - Female

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

August 8<sup>th</sup> 1879

3. Date of Birth

219 Hanover St  
Lizzie Rhinehart  
Lizzie Foxwell

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

33 May  
Augustus Rhinehart  
City Officer

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

City  
E.B. Noble M.D.  
17 Fremont St

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug: 8 1879*
4. Place of Birth (Street and Number) *2128 Haastgen St*
5. Full Name of Mother *Anna Ford*
6. Mother's Maiden Name *Anna Brown*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Ford*
9. Father's Occupation *Merchant*
10. Father's Birthplace *St. Mary's Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. W. H. Thompson*
- Address *121 So. Monmouth St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32772

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth aug 8
4. Place of Birth (Street and Number) 143 chesnut st
5. Full Name of Mother Ellenarra Hurst
6. Mother's Maiden Name Ellenarra Gray
7. Mother's Birthplace Baltimore
8. Full Name of Father John Hurst
9. Father's Occupation hazher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Leas Johnson
- Address no 32. north st
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32773

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

August 25th 1879  
640 West Pratt St  
Elizabeth Thomas  
Volkeur  
Maryland  
Joseph Oliver Thomas  
Machinist  
Maryland  
W. R. M. Thomas  
582 W. Bay St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32774

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

8th Aug 1879

4. Place of Birth (Street and Number)

158 Chesapeake St

5. Full Name of Mother

Adorus Slaughtes

6. Mother's Maiden Name

Jacobson

7. Mother's Birthplace

Germany

8. Full Name of Father

August Slaughtes

9. Father's Occupation

Mechanic

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

E. Jones Williams M.D.

Address

17 Patuxent St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32775

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Tenth*
1. Sex (state whether Male or Female) *Male Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 8<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *N 232 Lanvale St*
5. Full Name of Mother *Mary Frances Boucher*
6. Mother's Maiden Name *Mary Frances Giles*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Boucher*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Hanau Germany*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. D. Whetard M.D.*
- Address *N 114 Park Ave.*
- Remarks



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 8th 1879

4. Place of Birth (Street and Number)

176 Hancock St

5. Full Name of Mother

Deanna Beckwith

6. Mother's Maiden Name

" Stanley

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Beckwith

9. Father's Occupation

Clerk

10. Father's Birthplace

Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs C A Lewis

Address

162 Hancock St

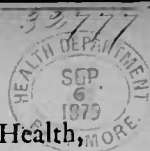
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Aug 8<sup>th</sup> 1879  
39 Jackson St  
Anna G Barlage  
" " " " " " " "  
Baltimore Md  
Frederick B Barlage  
Lithographer  
Baltimore  
J Ridgway Andre M D  
No 121 J E Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32778

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ..... 1st
1. Sex (state whether Male or Female) ..... Male
2. Race or Color (if not of the white race) ..... White
3. Date of Birth ..... Aug 8
4. Place of Birth (Street and Number) ..... 228 E. Monument St.
5. Full Name of Mother .....
6. Mother's Maiden Name .....
7. Mother's Birthplace ..... Baltimore
8. Full Name of Father .....
9. Father's Occupation .....
10. Father's Birthplace .....
- Name of Medical Attendant, or other Person who makes this Return. ....
- Address ..... W. D. Brown
- Remarks ..... Illegitimate.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32779

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *v 5<sup>th</sup>*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *August 9<sup>th</sup>*
4. Place of Birth (Street and Number) *17 Kersay ally*
5. Full Name of Mother *Christina Kerner*
6. Mother's Maiden Name *Kerner*
7. Mother's Birthplace *Bavaria*
8. Full Name of Father *John Kerner*
9. Father's Occupation *Cabinet maker*
10. Father's Birthplace *Bavaria*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Hook*
- Address *328 N Eutan St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32780

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 9th August
4. Place of Birth (Street and Number) 301 W. Pratt St
5. Full Name of Mother Lina Sutton
6. Mother's Maiden Name McDonas
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Sutton
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Hoch
- Address 328 S. Euter St
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32781

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *eighth*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *August 1st 1891*
4. Place of Birth (Street and Number) *265 Montgomery St*
5. Full Name of Mother *Anna Thomas*
6. Mother's Maiden Name *Anna Johnson*
7. Mother's Birthplace *Colbert County*
8. Full Name of Father *James Thomas*
9. Father's Occupation *laborer*
10. Father's Birthplace *Colbert County*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Lydia Porter*
- Address *no 4 papt sec avenue*
- Remarks *healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32782

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female  
colored

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 9 1879

4. Place of Birth (Street and Number)

No 47 Burgundy Alley

5. Full Name of Mother

Julia Johnson

6. Mother's Maiden Name

Julia Perry

7. Mother's Birthplace

Baltimore MS

8. Full Name of Father

John Johnson

9. Father's Occupation

Sailor

10. Father's Birthplace

Snow Hill

Name of Medical Attendant, or other Person who makes this Return.

Arniminta Perry

Address

Medical attendant

Remarks

of Julia Johnson

That any physician, neonatologist, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Aug. 9th 1879

3. Date of Birth

Aug. 9/79

4. Place of Birth (Street and Number)

35 Arch Street in 2d

5. Full Name of Mother

Mary E. Mitchell

6. Mother's Maiden Name

" " Thellors.

7. Mother's Birthplace

Balt.

8. Full Name of Father

Joseph E. Mitchell

9. Father's Occupation

Plumber & Gas Fitter

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Edward P. McDevitt

Address

187 N. Egan St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32784

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 11th
1. Sex (state whether male or female) ... Male
2. Race or Color (if not of the white race) ... White
3. Date of Birth ... Aug 7 1874
4. Place of Birth (Street and Number) ... 265 N. Hollis St
5. Full Name of Mother ... Elizabeth Wilson
6. Mother's Maiden Name ... Elizabeth Webb
7. Mother's Birthplace ... Boston Mass
8. Full Name of Father ... Lewis Watson
9. Father's Occupation ... Road Painter
10. Father's Birthplace ... Birmingham England
- Name of Medical Attendant, or other Person who makes this Return. ... Dr. J. H. McLaughlin
- Address ... 182 E. Monument St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32783

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *color*
3. Date of Birth *20 of august*
4. Place of Birth (Street and Number) *226 Henrietta*
5. Full Name of Mother *Julie Brooks*
6. Mother's Maiden Name *Julie Ernst*
7. Mother's Birthplace *Colvert, Austria*
8. Full Name of Father *James Ernst*
9. Father's Occupation *seamster*
10. Father's Birthplace *frankship*
- Name of Medical Attendant, or other Person who makes this Return. *Milly Cross*
- Address *181 York Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32786

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Fourth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 9<sup>th</sup>. 1879.*

4. Place of Birth (Street and Number) *28. W. Henry St.*

5. Full Name of Mother *Margaret Savinia Langford.*

6. Mother's Maiden Name *Albright.*

7. Mother's Birthplace *Balto. City*

8. Full Name of Father *Geo. W. Langford.*

9. Father's Occupation *Stone Finisher*

10. Father's Birthplace *Balto. City*

Name of Medical Attendant, or other Person who makes this Return. *W. Christian M.D.*

Address *431 Lenox Ave.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32787

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 7<sup>th</sup> 1877
4. Place of Birth (Street and Number) W. 201 5<sup>th</sup> St. N.E.
5. Full Name of Mother Julie Johnson
6. Mother's Maiden Name Ellison
7. Mother's Birthplace Baltimore
8. Full Name of Father Ben. Coaster
9. Father's Occupation Croaker man
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sarah Ann Keeler
- Address 201 B. Brough St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32788

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup> Child.
1. Sex (state whether Male or Female) ~~Female~~ Male.
2. Race or Color (if not of the white race) white
3. Date of Birth. 9<sup>th</sup> Day of August 1879.
4. Place of Birth (Street and Number) No. 12 Washington Avenue.
5. Full Name of Mother Mrs. B. L. Mylius.
6. Mother's Maiden Name Josephine Henrietta Peithmann.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Geo. B. Mylius.
9. Father's Occupation Watch maker.
10. Father's Birthplace Frankfort, Germany.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Keating. Midwife.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32789

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

116

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 9. 1879

4. Place of Birth (Street and Number)

Estlin St. 364

5. Full Name of Mother

Maria Burkhauser

6. Mother's Maiden Name

Herrmann

7. Mother's Birthplace

Balt. Con.

8. Full Name of Father

Valentin Burkhauser

9. Father's Occupation

Worft worker

10. Father's Birthplace

Friedrichshagen Bremen

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Mansbach

Address

5. Wolf str No 28

Remarks

und wife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

46

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 9. 1879

4. Place of Birth (Street and Number)

Eastern Ave. 364

5. Full Name of Mother

Maria Backof

6. Mother's Maiden Name

Reine

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Georg Backof

9. Father's Occupation

Wagonmaker

10. Father's Birthplace

Buckenhofen, Prussia

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. H. Crossman

Address

212 W. 28th St

Remarks

W. J. H. Crossman

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, actively, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32791

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

96

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 9. 1879

4. Place of Birth (Street and Number)

L. Schappel str 48

5. Full Name of Mother

Emilie Tüben

6. Mother's Maiden Name

Boantel

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Schappel Tüben

9. Father's Occupation

Trueman

10. Father's Birthplace

Hamhada, Borussia

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Thompson

Address

L. Wolf str No 28

Remarks

Underside



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32792

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>12</sup>  
Male  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 9 1879

4. Place of Birth (Street and Number)

31 W. Kenilworth St.

5. Full Name of Mother

Anne B. Bartlett

6. Mother's Maiden Name

Griffith

7. Mother's Birthplace

Montgomery Co. Md.

8. Full Name of Father

George W. B. Bartlett

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. E. Allen M.D.

Address

87 Mulberry St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32793

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Aug 7<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No 8 Shuter Street*
5. Full Name of Mother *Sophia Mitchee*
6. Mother's Maiden Name *Sophia Baker*
7. Mother's Birthplace *Canada*
8. Full Name of Father *William Montelee*
9. Father's Occupation *Brick Maker & Car Shucker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Henrietta Glasco*
- Address *Living near*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32794

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Aug 8 1879  
4. Place of Birth (Street and Number) No 392 Lexington St.  
5. Full Name of Mother Martha Rutter  
6. Mother's Maiden Name " Harricks  
7. Mother's Birthplace Id.  
8. Full Name of Father Willam B Rutter  
9. Father's Occupation Carpenter  
10. Father's Birthplace Id.  
Name of Medical Attendant, or other Person who makes this Return. J. M. C. Harris, M.D.  
Address No 360 Lexington St.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32795-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *7 August*
4. Place of Birth (Street and Number) *23 E. Ave*
5. Full Name of Mother *Katherine Berger*
6. Mother's Maiden Name *Ross*
7. Mother's Birthplace *U.S.*
8. Full Name of Father *Frank Berger*
9. Father's Occupation *Restaurateur*
10. Father's Birthplace *U.S.*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Carter*
- Address *52 E. Lombard*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32796

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *9<sup>th</sup> August 1879*
4. Place of Birth (Street and Number) *90 York st*
5. Full Name of Mother *Catharine Dougherty*
6. Mother's Maiden Name *Welsh*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Thomas Dougherty*
9. Father's Occupation *Huckster*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *A. W. Webster M.D.*
- Address *57 Baring*
- Remarks

That any physician, accountant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32797

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12<sup>th</sup>
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) C.
3. Date of Birth August 9, 1879.
4. Place of Birth (Street and Number) 238 N. Durham St.
5. Full Name of Mother Matilda Webster
6. Mother's Maiden Name Renolds
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father William Webster
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. L. G. Gordon, M. D.
- Address 311 N. Broadway
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Mula 1st*  
*Aug 3*  
*Balt. Md*  
*I would require a Philadelphia lawyer to ascertain the facts of information.*  
*R. K. Meadows,*  
*504 W Fayette St*  
*Balt*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32799  
RECEIVED  
AUG  
19  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Kind*
1. Sex (state whether male or female) *Boys*
2. Race or Color (if not of the white race)
3. Date of Birth *geboren den 9ten August*
4. Place of Birth (Street and Number) *14 272 S. Bond St.*
5. Full Name of Mother *Johanne Bohrn Schmidt*
6. Mother's Maiden Name *Johanne Bohrn*
7. Mother's Birthplace *Deutschland*
8. Full Name of Father *Casper Schmidt*
9. Father's Occupation *Handwerker*
10. Father's Birthplace *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Rongmann*
- Address *N<sup>o</sup> 197 E. Dallas St.*
- Remarks *Heimlich*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32800

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *The 10<sup>th</sup> of August.*
4. Place of Birth (Street and Number) *No 16 Carlton street.*
5. Full Name of Mother *Carolina Wilhelmina Dietrich*
6. Mother's Maiden Name *Carolina Wilhelmina Long.*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *John Henry Piltin.*
9. Father's Occupation *Baker.*
10. Father's Birthplace *Bleichenbach Grossherzogthum Hessen.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Luntz.*
- Address *No 60 N. Schroeder Street.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32801

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 10th August 1879

4. Place of Birth (Street and Number) N 13 So. Len. St. N. Y.

5. Full Name of Mother

6. Mother's Maiden Name Virginia Stanley

7. Mother's Birthplace Virginia

8. Full Name of Father George G. G. G. G.

9. Father's Occupation officer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Lucy Corbin

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth Aug 10<sup>th</sup> 1879  
4. Place of Birth (Street and Number) No 9, Salem St  
5. Full Name of Mother Mary Emeline Engle  
6. Mother's Maiden Name Miller  
7. Mother's Birthplace Fair Mount, West Virginia  
8. Full Name of Father Phillip Engle  
9. Father's Occupation Car driver  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. J W DuBois M D  
Address 13 Salem St Baltimore  
Remarks The above was a case of Placenta Previa



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

10<sup>th</sup> August 1879

4. Place of Birth (Street and Number)

47 Millman St

5. Full Name of Mother

Mary Lompf

6. Mother's Maiden Name

Mary Riebler

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Jno Lompf

9. Father's Occupation

Mill Stone Cutter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Amanda Marine

Address

378 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32804

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 10th 1871*
4. Place of Birth (Street and Number) *196 Monument St*
5. Full Name of Mother *Jacobsina*
6. Mother's Maiden Name *Jacobsina*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *Peter Matlinan*
9. Father's Occupation *Stenciler*
10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Hena Willquist*
- Address *182 E. Monument St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32804

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August the 10, 1879.*

4. Place of Birth (Street and Number) *La Row, N<sup>o</sup> 7.*

5. Full Name of Mother *Mina Kirchner*

6. Mother's Maiden Name *Mina Harbach*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Jakob Kirchner*

9. Father's Occupation *Basket Maker*

10. Father's Birthplace *Orselsheim, Pr. Wurtemberg, Germany*

Name of Medical Attendant, or other Person who makes this Return. *May E. Müller*

Address *1, Dallas St. N<sup>o</sup> 26,*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

72806

*To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.*



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seventh*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Aug. 10<sup>th</sup>*  
4. Place of Birth (Street and Number) *Roxbury St., Off. Streett (No Number)*  
5. Full Name of Mother *Caroline Hunter*  
6. Mother's Maiden Name *Hartlove*  
7. Mother's Birthplace *Balto. City.*  
8. Full Name of Father *Henry Hunter*  
9. Father's Occupation *Boiler-maker*  
10. Father's Birthplace *Balto. City.*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Dickey, M.D.*  
Address *N. 106 Columbia Avenue.*  
Remarks *Child in good physical condition living.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 10<sup>th</sup> 1879.
4. Place of Birth (Street and Number) 241 W. 1<sup>st</sup> St.
5. Full Name of Mother Sophie Yost
6. Mother's Maiden Name Sophie Krumpholtz
7. Mother's Birthplace America
8. Full Name of Father Joseph Yost
9. Father's Occupation Baker
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Linn
- Address 137 North Wolfe St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2<sup>d</sup>)
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 10<sup>th</sup> 1879
4. Place of Birth (Street and Number) No. 94<sup>th</sup> Broadway
5. Full Name of Mother Mrs. Harriet E. Virginia Booz
6. Mother's Maiden Name Miss H. V. Simpson
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. Wm E. Booz
9. Father's Occupation Produce Dealer
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm H. Glendinning M.D.
- Address No. 102 North Broadway
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

39,809

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 10<sup>th</sup> 1879
4. Place of Birth (Street and Number) 112 Madison St
5. Full Name of Mother Laura Selker
6. Mother's Maiden Name Avery
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Selker
9. Father's Occupation Salvage
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. H. F. Stone M.D.
- Address 350 Fremont St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Aug 10<sup>th</sup> 1879
4. Place of Birth (Street and Number) 1244 Eastern Ave
5. Full Name of Mother Wilda Fields
6. Mother's Maiden Name " Sharp
7. Mother's Birthplace City
8. Full Name of Father George Fields
9. Father's Occupation Car Driver
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz
- Address 245 Canton Ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 10<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *Park & Tyoon*  
 5. Full Name of Mother *Mary Baylan Carey*  
 6. Mother's Maiden Name *Mary Baylan*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Andrew Carey*  
 9. Father's Occupation *Carpenter*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *C. H. Hamble Md*  
 Address *125 C. a The Dral*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32512

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race)
3. Date of Birth 10 August 1879
4. Place of Birth (Street and Number) 415 Elders St.
5. Full Name of Mother Mary Spitznager
6. Mother's Maiden Name Feely
7. Mother's Birthplace German
8. Full Name of Father Phillip Spitznager
9. Father's Occupation Bulcher
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Arthur Casper
- Address 12 E. Seneca St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Aug. 10, 1879.*  
4. Place of Birth (Street and Number) *S. Mount St.*  
5. Full Name of Mother *Maggie J. Parry*  
6. Mother's Maiden Name *Whitely*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *George R. Parry*  
9. Father's Occupation *Railroad Man*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this return *John H. Ford, M.D.*  
Address *2 N. Carey St.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 d.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *August 10<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *Battery St. N<sup>o</sup> 112.*
5. Full Name of Mother *Rose Jones*
6. Mother's Maiden Name *Rose Travers*
7. Mother's Birthplace *Dorchester County, M.d.*
8. Full Name of Father *Thomas Jones*
9. Father's Occupation *Rigger*
10. Father's Birthplace *Dorchester County, M.d.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Arthur Burns*
- Address *N<sup>o</sup> 114 Battery St.*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex (state whether male or female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Aug 10<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *64 S Canollton Ave*
5. Full Name of Mother *Clara Molloy.*
6. Mother's Maiden Name *" Shuchan.*
7. Mother's Birthplace *Balt City.*
8. Full Name of Father *Jas T Molloy.*
9. Father's Occupation *Lime Dealer.*
10. Father's Birthplace *Balt City.*
- Name of Medical Attendant, or other Person who makes this Return. *McHester M.D.*
- Address *McHester & Cathon Drs*
- Remarks





That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32816

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Born Aug 16<sup>th</sup>
4. Place of Birth (Street and Number) Baltimore 250<sup>th</sup> Street
5. Full Name of Mother Elizabeth Pierce
6. Mother's Maiden Name Lee
7. Mother's Birthplace Baltimore
8. Full Name of Father David Pierce
9. Father's Occupation Cyber Shopper
10. Father's Birthplace Port Island
- Name of Medical Attendant, or other Person who makes this Return Ameline Wilson
- Address 240<sup>th</sup> Hamburg St
- Remarks

But any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32817

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child
1. Sex (state whether Male or Female) Grile
2. Race or Color (if not of the white race) White
3. Date of Birth 18 August
4. Place of Birth (Street and Number) 377 Beath St
5. Full Name of Mother Mary Bangen
6. Mother's Maiden Name Mary Robinson
7. Mother's Birthplace Baltimore
8. Full Name of Father George Bangen
9. Father's Occupation Confectioner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Kaganensis
- Address Brown St No 70
- Remarks

# RETURN OF A BIRTH.

32818

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2. Child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Colard*  
 3. Date of Birth *10<sup>th</sup> of August 1879*  
 4. Place of Birth (Street and Number) *Baltimore Md Plum Alley C<sup>ty</sup> 25*  
 5. Full Name of Mother *Lear Jain Hollie*  
 6. Mother's Maiden Name *Lear Jain Green*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *Samuel Hollie*  
 9. Father's Occupation *Sailing*  
 10. Father's Birthplace *Kent Island*  
 Name of Medical Attendant, or other Person who makes this Return. *Annie Johnson*  
 Address *CR 82 Plum Alley Baltimore Md*  
 Remarks *it is was, live born child name of the child was George William Hollie*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32519

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

10<sup>th</sup> of Aug 1879.

4. Place of Birth (Street and Number)

No. 60 Millman St

5. Full Name of Mother

Barbara. A. C. C.

6. Mother's Maiden Name

Barbara. Thomas

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

George C. C.

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

My wife, Walter

Address

12 1/2 W. Camden

Remarks

Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 10<sup>th</sup> 1879
4. Place of Birth (Street and Number) 522 Arisquit St
5. Full Name of Mother Lucan Macculbin
6. Mother's Maiden Name Lucan Baker
7. Mother's Birthplace Baltimore City
8. Full Name of Father Harold M. Macculbin
9. Father's Occupation Painter
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Anne Burgess
- Address Arquit St. Second Lane
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32821



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 10th

4. Place of Birth (Street and Number)

Bethesda Branch Hospital

5. Full Name of Mother

Lizzie A. McAfee

6. Mother's Maiden Name

Lizzie A. Kohn

7. Mother's Birthplace

33rd Baltimore Co

8. Full Name of Father

Geo J. McAfee

9. Father's Occupation

Iron Dealer

10. Father's Birthplace

Baltimore Co

Name of Medical Attendant, or other Person who makes this Return.

W. W. Knap

Address

143 N. Howard

Remarks

THE physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32823

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 11 1879

4. Place of Birth (Street and Number)

145 Clontgomery St

5. Full Name of Mother

Lea L. Tracey

6. Mother's Maiden Name

Lea L. Harrison

7. Mother's Birthplace

N. C. Co Ma

8. Full Name of Father

Samuel Tracey

9. Father's Occupation

Hardware Dealer

10. Father's Birthplace

N. C. Co Ma

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cook M.D.

Address

Remarks

# RETURN OF A BIRTH.

32823

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth 11

4. Place of Birth (Street and Number) between 200

5. Full Name of Mother Florence Malone

6. Mother's Maiden Name Florence Leach

7. Mother's Birthplace Ireland Cont. Connick

8. Full Name of Father Miles Malone

9. Father's Occupation labor

10. Father's Birthplace Ireland Connick

Name of Medical Attendant, or other Person who makes this return Florence Leach

Address Chesapeake St 64

Remarks

act, use as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

328211

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 11 1879*
4. Place of Birth (Street and Number) *Battery avenue No 195*
5. Full Name of Mother *Mrs. Cristain*
6. Mother's Maiden Name *Miss Cristain*
7. Mother's Birthplace *Ireland*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Many E. Anderson*
- Address *No 10 Bays st*
- Remarks

advise as to the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32825

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

Mrs. G. W. Ball  
131 Bal...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32826

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Aug 18<sup>th</sup> 1879



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Male.
  2. Race or Color (if not of the white race) White.
  3. Date of Birth Aug 11<sup>th</sup> 1879.
  4. Place of Birth (Street and Number) 10 Luntan Alley.
  5. Full Name of Mother Kate Mann.
  6. Mother's Maiden Name Kate Block.
  7. Mother's Birthplace Germany.
  8. Full Name of Father George Mann.
  9. Father's Occupation Shoemaker.
  10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. M. Mary Arnold.
- Address 122 South Wolfe St.
- Remarks C 112

Must any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32827

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *Boys, Turner, one Phil Born*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *August 11th 79.*  
 4. Place of Birth (Street and Number) *170 St Fremont st.*  
 5. Full Name of Mother *Mary Ida Noakes.*  
 6. Mother's Maiden Name *Mary Ida Rhodes.*  
 7. Mother's Birthplace *Baltimore City.*  
 8. Full Name of Father *Thames Noakes*  
 9. Father's Occupation *Turner*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. Huntington M.D.*  
 Address *78 St Green st.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32828

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name *Grace Corkran*



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

3. Date of Birth

*August 11, 1879*

4. Place of Birth (Street and Number)

*30 Johnson st*

5. Full Name of Mother

*Elizabeth Corkran*

6. Mother's Maiden Name

*" Bank*

7. Mother's Birthplace

*Balt. city -*

8. Full Name of Father

*Cyrus W Corkran*

9. Father's Occupation

*Clerk*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*H. W. Webster M. D.*

Address

*57, Bannock*

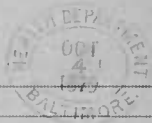
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32829

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 11th 1879
4. Place of Birth (Street and Number) Washington St 23
5. Full Name of Mother Mary Ruppel
6. Mother's Maiden Name Kraus
7. Mother's Birthplace Hessia
8. Full Name of Father Leopold Ruppel
9. Father's Occupation Sailor
10. Father's Birthplace Hessia
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ulling
- Address 48 Holland St
- Remarks

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32831

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*
1. Sex (state whether male or female) *Mädchen*
2. Race or Color (if not of the white race) *Weiß.*
3. Date of Birth *geboren den 11<sup>ten</sup> August*
4. Place of Birth (Street and Number) *N<sup>o</sup> 33 Caroline Str.*
5. Full Name of Mother *Margie Vitz*
6. Mother's Maiden Name *Margie Titz*
7. Mother's Birthplace *Deutschland*
8. Full Name of Father *Joseph Vitz*
9. Father's Occupation *Maguer*
10. Father's Birthplace *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address *N<sup>o</sup> 197 S. Dulles Str.*
- Remarks *Glänze*

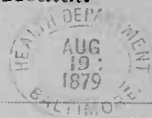
The attending physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32831

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>, 2<sup>nd</sup>*
1. Sex (state whether male or female) *Mödehen*
2. Race or Color (if not of the white race) *Weiss*
3. Date of Birth *geboren den 11<sup>ten</sup> August*
4. Place of Birth (Street and Number) *N<sup>o</sup> 168 Eastern St*
5. Full Name of Mother *Annoe Sommer*
6. Mother's Maiden Name *Annoe Krummick*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *August Sommer*
9. Father's Occupation *Buchsenmacher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Fröndmann*
- Address *N<sup>o</sup> 197 E. Deller St*
- Remarks *Hanne*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32832

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 11<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No 963 Cor of Tricker and Bath St*
5. Full Name of Mother *Emily Burgess*
6. Mother's Maiden Name *Emily Colladay*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Burgess*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Katherine Lell*
- Address *No 57 Kenton St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 11<sup>th</sup> August 1899

4. Place of Birth (Street and Number) Baltimore, Dallas st. No 21

5. Full Name of Mother Mary Gahere

6. Mother's Maiden Name Mary Jones

7. Mother's Birthplace Germany

8. Full Name of Father Joseph Gahere

9. Father's Occupation Ice-man

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Shaplish

Address 64 Washington st

Remarks Mary Shaplish

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

11<sup>th</sup> Aug. 79

4. Place of Birth (Street and Number)

19 N. Dallas St.

5. Full Name of Mother

Abbie Odell

6. Mother's Maiden Name

Abbie Stewart

7. Mother's Birthplace

Balts. Md.

8. Full Name of Father

Georg Odell

9. Father's Occupation

Laborer

10. Father's Birthplace

Stonfort Va.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Leah Walker

Address

1094 Holland St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 11<sup>th</sup> Aug. 1879

4. Place of Birth (Street and Number) No. 7. Blagden Court.

5. Full Name of Mother Lavinia Spencer

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace Balto Md.

8. Full Name of Father unknown

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. Mr. Leah Walker

Address No. 94 Hollan St.

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32836

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 21 1879

4. Place of Birth (Street and Number)

911 York St

5. Full Name of Mother

Ellen Kirk

6. Mother's Maiden Name

Ellen Fitzgerald

7. Mother's Birthplace

Ireland

8. Full Name of Father

Timothy Kirk

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cooke M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32837

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 12th 1879

4. Place of Birth (Street and Number)

83 York St

5. Full Name of Mother

Kate Conly

6. Mother's Maiden Name

Kate Cammahan

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John J. Conly

9. Father's Occupation

Fireman

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cooke M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32838

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12 August
4. Place of Birth (Street and Number) 14 Liberty Alley
5. Full Name of Mother Catharine Connolly
6. Mother's Maiden Name Reading
7. Mother's Birthplace Ireland
8. Full Name of Father Daniel Connolly
9. Father's Occupation Seabarer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. J. J. Chrisman
- Address No 7 Fairview Place
- Remarks \_\_\_\_\_

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12 August
4. Place of Birth (Street and Number) 201 Favant St
5. Full Name of Mother Annie Davin
6. Mother's Maiden Name Bynne
7. Mother's Birthplace Ireland
8. Full Name of Father John Davin
9. Father's Occupation Saloon Keeper
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Anna J. Whisman
- Address No 7 Farrest Place
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *12 Aug.*
4. Place of Birth (Street and Number) *234 Charles St*
5. Full Name of Mother *Lizzie Westbaum*
6. Mother's Maiden Name *Wienkiewicz*
7. Mother's Birthplace *Hollandstadt*
8. Full Name of Father *Moses Westbaum*
9. Father's Occupation *Furniture Dealer*
10. Father's Birthplace *Karlsruhe*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Koch*
- Address *328 S. Eutaw St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *August 12<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 21 Chestnut Al.*
5. Full Name of Mother *Sarah Arbuckle*
6. Mother's Maiden Name *Sarah Lynch*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Frederick J. Arbuckle*
9. Father's Occupation *Clerk*
10. Father's Birthplace *New York City*
- Name of Medical Attendant, or other Person who makes this Return. *J. Tyler Smith*
- Address *231 Barrre St. Balto. Md.*
- Remarks *Natural delivery*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32842

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sixth*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Aug 12<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *No 12, McHenry St.*  
5. Full Name of Mother *Elizabeth Lamar*  
6. Mother's Maiden Name *Elizabeth Wood*  
7. Mother's Birthplace *Pa*  
8. Full Name of Father *Marion T. Lamar*  
9. Father's Occupation *R. R. Conductor*  
10. Father's Birthplace *Frederick Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Jno. C. Harris - M.D.*  
*No 360 Lexington St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32843

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 12 1872

4. Place of Birth (Street and Number)

264 E. Central Ave

5. Full Name of Mother

Caroline Rogers

6. Mother's Maiden Name

Caroline Ahmich

7. Mother's Birthplace

Prussia

8. Full Name of Father

John Kruger

9. Father's Occupation

Builder

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. H. H. H.

Address

183 E. Monument St.

Remarks

That any physician, accouchear, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 8-11-49

# RETURN OF A BIRTH.

328411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name: Edgar H. Cromwell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13<sup>th</sup> child

1. Sex (state whether Male or Female)

Male — being the 7<sup>th</sup> son.

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 12<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Mount Clare Depot.

5. Full Name of Mother

Margaret Cromwell

6. Mother's Maiden Name

Margaret Holiday

7. Mother's Birthplace

Virginia

8. Full Name of Father

Andrew Jackson Cromwell

9. Father's Occupation

Master Machinist

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

L. T. Knight

Address

112 North Greene St

Remarks

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 12 1879*
4. Place of Birth (Street and Number) *No 1208 Madison St*
5. Full Name of Mother *Johanna Hermann*
6. Mother's Maiden Name *Johanna Hermann*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Louis Hermann*
9. Father's Occupation *Beer Saloon*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Henz Hillgeist*
- Address *No 182 Monument St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32846

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th Child.*  
1. Sex (state whether Male or Female) *Female.*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Aug. 12th 1879.*  
4. Place of Birth (Street and Number) *108 George St.*  
5. Full Name of Mother *Mary W. P. Price.*  
6. Mother's Maiden Name *Gimmelman*  
7. Mother's Birthplace *Baltimore, Md.*  
8. Full Name of Father *James H. Price*  
9. Father's Occupation *Clerk,*  
10. Father's Birthplace *Baltimore, Md.*  
Name of Medical Attendant, or other Person who makes this Return. *H. R. Fettinghoff, M.D.*  
Address *77 George St.*  
Remarks

that any physician, nurse, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32847

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 12<sup>th</sup> 1879
4. Place of Birth (Street and Number) 53 E. Monument St
5. Full Name of Mother Kachel Ann Hoes
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace Baltimore Co. Md
8. Full Name of Father Charles Grandison Hoes
9. Father's Occupation Wachman
10. Father's Birthplace Baltimore Co. Md
- Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson
- Address 223 Madison Av.
- Remarks \_\_\_\_\_

This return has been overlooked until now



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

325118

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 12 August

4. Place of Birth (Street and Number) Chest St 153

5. Full Name of Mother Mrs Virginia Kane

6. Mother's Maiden Name Smith

7. Mother's Birthplace Baltimore

8. Full Name of Father Emil Hesser

9. Father's Occupation Rev Pastor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Leander Aug B. Gabannon  
No 26 N. Lombard St

Must any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

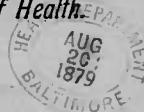


- 32849*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *W*
3. Date of Birth *aug 12 1879*
4. Place of Birth (Street and Number) *185 Preston st*
5. Full Name of Mother *Mary Tucker*
6. Mother's Maiden Name *Mary Jordan*
7. Mother's Birthplace *Balt*
8. Full Name of Father *Wilbur F Jordan*
9. Father's Occupation *Liter. Business*
10. Father's Birthplace *Balt*
- Name of Medical Attendant, or other Person who makes this Return. *J H Patterson M.D.*
- Address *23 Franklin*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 15<sup>th</sup> 1879

4. Place of Birth (Street and Number) District 294

5. Full Name of Mother Estlin Thompson

6. Mother's Maiden Name Estlin

7. Mother's Birthplace Balto

8. Full Name of Father Charles Thompson

9. Father's Occupation Machinist

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Edgar W. Williams

Address 569 West Lombard St.

Remarks Living Well.

NOTE. Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *August 12<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *18 Horn St.*
5. Full Name of Mother *Delia Camphor*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Eastern Shore*
8. Full Name of Father *John Simpson*
9. Father's Occupation *Laborer*
10. Father's Birthplace *" "*
- Name of Medical Attendant, or other Person who makes this Return. *E. B. Fenby*
- Address *319 N. Central Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32852

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1st August*
4. Place of Birth (Street and Number) *32 Holt St.*
5. Full Name of Mother *Maria Dornicka*
6. Mother's Maiden Name *"Kuchnera Bohemia Muchna*
7. Mother's Birthplace *Merevic Bohemia*
8. Full Name of Father *Matias Dornicky*
9. Father's Occupation *Saler*
10. Father's Birthplace *Markvalee Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Rouse*
- Address *20 Barnes St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 12<sup>th</sup> 1879

4. Place of Birth (Street and Number)

112 39 York St

5. Full Name of Mother

Lina Appuhn

6. Mother's Maiden Name

Schmidt

7. Mother's Birthplace

America

8. Full Name of Father

Joseph Hecker

9. Father's Occupation

Laborer

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser midwife

Address

330 Hanover St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

328571

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12<sup>th</sup> August 1879
4. Place of Birth (Street and Number) Baltimore Durham No 345
5. Full Name of Mother Anni Ephrah
6. Mother's Maiden Name Anni Gaspar
7. Mother's Birthplace Germany
8. Full Name of Father Joseph
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mr. Hofstich
- Address 69 Washington
- Remarks Mr. Hofstich

shall any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex (state whether male or female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 12<sup>th</sup>
4. Place of Birth (Street and Number) Vincent St. No. 1
5. Full Name of Mother Samuel Hursey
6. Mother's Maiden Name Eliabeth
7. Mother's Birthplace Baltimore County
8. Full Name of Father Samuel Hursey
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore County
- Name of Medical Attendant, or other Person who makes this Return. Martha Moore Midwife
- Address No. 3 Claymont Row
- Remarks please excuse the delay all well



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32856

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *August 13<sup>th</sup> 1872*
4. Place of Birth (Street and Number) *Baltimore City, 1044 Thompson St.*
5. Full Name of Mother *Melina French Merrick*
6. Mother's Maiden Name *Melina Louisa McKean*
7. Mother's Birthplace *Dane, example, County*
8. Full Name of Father *Richard J. H. Merrick*
9. Father's Occupation *Shoe maker*
10. Father's Birthplace *Bridnick City*
- Name of Medical Attendant, or other Person who makes this Return. *City Doctor name Bridnick*
- Address *No 11 McClellan St. Extended*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, fit or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32857

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 13<sup>th</sup> 1879
4. Place of Birth (Street and Number) N. Front 177
5. Full Name of Mother Susan Evans
6. Mother's Maiden Name Susan Lampley
7. Mother's Birthplace Baltimore
8. Full Name of Father Mahery Evans
9. Father's Occupation Adams Express Co employee
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. E. C. Ballard M.D.
- Address 21 E. 124.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39858

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 13<sup>th</sup> 1879

4. Place of Birth (Street and Number)

No 202. S. Charles. St

5. Full Name of Mother

Mary. Itzo

6. Mother's Maiden Name

Mary. Martin

7. Mother's Birthplace

Maryland

8. Full Name of Father

Charles. Itzo

9. Father's Occupation

Barber

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Katherine Horner

Address

No. 106 West St

Remarks

Died a half an hour after birth  
Has not come to its full time

11-1-1881 any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

32859

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Aug 13 1879  
E Lombard str 336  
Martha Weiss  
Baltimore  
Baltimore  
Joseph Weiss  
Clerk  
Baltimore  
Wm Joh. Praxmich  
Walters str 1228  
Wm Weiss

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32860

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Aug 13 1879
4. Place of Birth (Street and Number) 102 Townsend St.
5. Full Name of Mother Mary Virginia McSherry
6. Mother's Maiden Name Adams
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Augustus McSherry
9. Father's Occupation Clerk
10. Father's Birthplace Balt. City
- Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer, Md.
- Address 68 McCall St.
- Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32861

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *Aug 13<sup>d</sup> 1879*
4. Place of Birth (Street and Number) *14 Pearl Alley*
5. Full Name of Mother *Gertrude Addison*
6. Mother's Maiden Name *" Cox*
7. Mother's Birthplace *Accomac Co Va*
8. Full Name of Father *Edmund Addison*
9. Father's Occupation *Physician*
10. Father's Birthplace *Northampton Co Va*
- Name of Medical Attendant, or other Person who makes this Return. *Henry L. Brown*
- Address *none*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32862

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *11th birth*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 13<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *No. 222. N. Carey St*  
 5. Full Name of Mother *Blanche E. Pelby*  
 6. Mother's Maiden Name *Blanche E. White*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *Mrs Joseph Pelby*  
 9. Father's Occupation *Insured Agent*  
 10. Father's Birthplace *Annapolis Md*  
 Name of Medical Attendant, or other Person who makes this Return. *W. S. Saxton M.D.*  
 Address *543. Lexington St*  
 Remarks *1 Premature Birth 7 1/2 months.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32863

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

13<sup>th</sup> August 1879

4. Place of Birth (Street and Number)

Baltimore St. Ann & Broadway 360

5. Full Name of Mother

Kate Kruss

6. Mother's Maiden Name

Kate Seelbach

7. Mother's Birthplace

Germany

8. Full Name of Father

Charles Kruss

9. Father's Occupation

laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Hopfisch

Address

69 Washington St.

Remarks

Mary Hopfisch



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

328614

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child  
1. Sex (state whether Male or Female) female  
2. Race or Color (if not of the white race) white  
3. Date of Birth Aug. 13/79  
4. Place of Birth (Street and Number) 65 George St.  
5. Full Name of Mother Lina Luger  
6. Mother's Maiden Name Lina Krollmann  
7. Mother's Birthplace Iserlohn Westphalia, Germany  
8. Full Name of Father Otto Luger  
9. Father's Occupation Naturalist  
10. Father's Birthplace Hagen, Westphalia, Germany  
Name of Medical Attendant, or other Person who makes this Return. Mr. Schleifer & Houwert. 33.  
Address  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32865

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third.

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race).

3. Date of Birth

Aug. 13<sup>th</sup> 1879

4. Place of Birth (Street and Number)

4 C. 5 W. Fremont St.

5. Full Name of Mother

Ebene Catherine Milder

6. Mother's Maiden Name

Bersch

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Charles Herman Milder

9. Father's Occupation

Bookkeeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Schleifer Midwife.

Address

331 Howard

Remarks

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32866

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 328  
1. Sex (state whether male or female) girl  
2. Race or Color (if not of the white race) White  
3. Date of Birth 13th August 1879  
4. Place of Birth (Street and Number) Baltimore, Washington st, 69  
5. Full Name of Mother Sophie Allmar  
6. Mother's Maiden Name Sophie Hopfisch  
7. Mother's Birthplace Germany  
8. Full Name of Father Frank Allmar  
9. Father's Occupation laborer  
10. Father's Birthplace Germany  
Name of Medical Attendant, or other Person who makes this Return. Mary Hopfisch  
Address 69 Washington  
Remarks Mary Hopfisch



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *august 19 1879*
4. Place of Birth (Street and Number) *38 robe st*
5. Full Name of Mother *hanner carner*
6. Mother's Maiden Name *hanner macneil*
7. Mother's Birthplace *island*
8. Full Name of Father *John carner*
9. Father's Occupation *laborer*
10. Father's Birthplace *island*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel ann gurn*
- Address *65 market st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32868

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

18

4. Place of Birth (Street and Number)

1213 Cooke St

5. Full Name of Mother

Rachel Morgen

6. Mother's Maiden Name

Rachel A. Korman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Morgen

9. Father's Occupation

Sabge

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs. Ann Ash

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*
1. Sex (state whether male or female) \_\_\_\_\_
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *August the 13. 1879.*
  4. Place of Birth (Street and Number) *N. Spring St. No 28.*
  5. Full Name of Mother *Maria Baer*
  6. Mother's Maiden Name *Maria Müller*
  7. Mother's Birthplace *Baltimore City*
  8. Full Name of Father *Peter Baer*
  9. Father's Occupation *Blacksmith*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Müller*
- Address *N. Dallas St. No 26.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32870.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Aug. 13<sup>th</sup>  
4. Place of Birth (Street and Number) 54 N. Ann St  
5. Full Name of Mother Mary E Sindsay  
6. Mother's Maiden Name Mary E Ellis  
7. Mother's Birthplace Baltimore Co  
8. Full Name of Father Edward S Sindsay  
9. Father's Occupation Salesman in Clothing House  
10. Father's Birthplace Baltimore City  
Name of Medical Attendant, or other Person who makes this Return. Mary E Price  
Address 200 N Broadway  
Remarks Balto

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 13<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *237 Canton ave*
5. Full Name of Mother *Albina Bendings*
6. Mother's Maiden Name *Nödden*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Albert Bendings*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Louise Kraft*
- Address *236 Canton ave*
- Remarks





at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32872

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 13 " 1879
4. Place of Birth (Street and Number) 1480 Canton ave
5. Full Name of Mother Margaretta Zimmer
6. Mother's Maiden Name " " Fröhwald
7. Mother's Birthplace Baltimore
8. Full Name of Father Conrad Zimmer
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Heaft
- Address 296 Canton ave
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 13

4. Place of Birth (Street and Number)

Mr. Am. Extended

5. Full Name of Mother

Anna Stover

6. Mother's Maiden Name

Anna Stathaway

7. Mother's Birthplace

Virginia

8. Full Name of Father

Wm. H. Stover

9. Father's Occupation

Clerk

10. Father's Birthplace

Bab.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Minton

Address

251 Madison Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32874

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*

1. Sex (~~state whether~~ Male ~~or~~ Female).

2. Race or Color (if not of the white race)

3. Date of Birth

*13<sup>th</sup> Augt 1879*

4. Place of Birth (Street and Number)

*#643. N Fayette St*

5. Full Name of Mother

*Elizabeth Cowman*

6. Mother's Maiden Name

*"*

*Watkins.*

7. Mother's Birthplace

*Ind.*

8. Full Name of Father

*Charles Cowman*

9. Father's Occupation

*Merchant*

10. Father's Birthplace

*Ind.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Geo H. Sykes*  
*1 Maryland Terrace*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male or Female)

M.

2. Race or Color (if not of the white race)

W.

3. Date of Birth

Aug. 18<sup>th</sup> 1879.

4. Place of Birth (Street and Number)

229 N. Eden St.

5. Full Name of Mother

Theresa

6. Mother's Maiden Name

Taylor

7. Mother's Birthplace

City

8. Full Name of Father

Sam<sup>l</sup> R. Wilcox

9. Father's Occupation

Carpenter

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

H. T. Remond

Address

186 Annapolis St.

Remarks

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 13th 1879

4. Place of Birth (Street and Number)

280 W. Fayette St

5. Full Name of Mother

Caroline Straup

6. Mother's Maiden Name

Caroline Straup

7. Mother's Birthplace

Germany

8. Full Name of Father

Moses Straup

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Felix Straup

Address

No. 2 E. Calverton St

Remarks

Child living healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32877



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug. 13<sup>th</sup>*
4. Place of Birth (Street and Number) *12 Union St.*
5. Full Name of Mother *Louisa J. Hackitt*
6. Mother's Maiden Name *Mathias*
7. Mother's Birthplace *Pruss.*
8. Full Name of Father *John J. Hackitt*
9. Father's Occupation *gunner*
10. Father's Birthplace *Pinksville, Balt. Co.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. B. Rider*
- Address *107 Grand Hall Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *August 16 1879*
4. Place of Birth (Street and Number) *205 Hudson St*
5. Full Name of Mother *Anna S. Cooperman*
6. Mother's Maiden Name *Anna S. Hillis*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *George Cooperman*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Market St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 14th 1879*
4. Place of Birth (Street and Number) *1355 Fremont St.*
5. Full Name of Mother *Sarah Gradwohl*
6. Mother's Maiden Name *Sarah Cetyler*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Emanuel C. Gradwohl*
9. Father's Occupation *Commercial Traveller*
10. Father's Birthplace *Prussians*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cook M.D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32880

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 14 August
4. Place of Birth (Street and Number) 16 Forrest Place
5. Full Name of Mother Mary Jane Reilly  
McCarthy
6. Mother's Maiden Name Providence B. S.
7. Mother's Birthplace Police Officer
8. Full Name of Father John Reilly
9. Father's Occupation Baltimore
10. Father's Birthplace ursula C. Chrissner
- Name of Medical Attendant, or other Person who makes this Return. No 7 Forrest Place
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 14<sup>th</sup> 1879

4. Place of Birth (Street and Number)

253 Central Ave

5. Full Name of Mother

Minnie Stallings

6. Mother's Maiden Name

Minnie Rembar

7. Mother's Birthplace

Balto Md

8. Full Name of Father

John Stallings

9. Father's Occupation

Saloonman

10. Father's Birthplace

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Edw. W. Thumler MD

Address

36 Green Mt Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32882

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Thursday the 14
4. Place of Birth (Street and Number) Baltimore Md. Federal 168
5. Full Name of Mother Mary Armstrong
6. Mother's Maiden Name Mrs. Dublin
7. Mother's Birthplace Durham Armstrong
8. Full Name of Father Baltimore Md
9. Father's Occupation Cock painter
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this return Johnama Dublin
- Address Cheney St
- Remarks

Persons at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32883

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth July 14 1879
4. Place of Birth (Street and Number) 1111 N. E. St.
5. Full Name of Mother William H. Dodge
6. Mother's Maiden Name William H. Dodge
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Leah Dodge
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32884-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Female -

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 14<sup>th</sup> 1879-

4. Place of Birth (Street and Number)

148<sup>th</sup> Myrtle Avenue

5. Full Name of Mother

Isabel France Heinmiller.

6. Mother's Maiden Name

Hoffman.

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Henry Heinmiller

9. Father's Occupation

Carpenter

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *14 of August 1879*

4. Place of Birth (Street and Number) *No. 1 North 11th Street*

5. Full Name of Mother *John S. Miller*

6. Mother's Maiden Name *John S. Miller*

7. Mother's Birthplace *Germany*

8. Full Name of Father *George S. Miller*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Isaac S. Smith*

Address *711 North 11th Street*

Remarks *Stillborn*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

11<sup>th</sup>  
Female  
White  
14<sup>th</sup> of Aug 1878  
242 Baltimore St.  
Mary K. Phillips  
Mary K. Phillips  
Baltimore City  
Charles Phillips  
Printer  
Baltimore City  
Mary Phillips  
125 N. Caroline  
Baltimore City

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32887

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 18th

4. Place of Birth (Street and Number)

11 Jacksons East

5. Full Name of Mother

Elizabeth Cooper

6. Mother's Maiden Name

Brinkley

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John W. Cooper

9. Father's Occupation

Miner

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Charles W. Miller

Address

579 West Baltimore

Remarks

Infant well



But any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth; sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32858

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *14<sup>th</sup> August 1879*
4. Place of Birth (Street and Number) *4048 Myeth Street.*
5. Full Name of Mother *Elizabeth Smith.*
6. Mother's Maiden Name *Hanger*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Wm. Smith*
9. Father's Occupation *Brick maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Seebach,*
- Address *10428 West Pratt Street*
- Remarks

32559

THE CITY POLYCLINIC, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

.....

14

Male

Aug 14<sup>th</sup> 1799

Aug 14<sup>th</sup> 1799

389 / Eastern Ave

Latta Olden. dorf.

" 15) Messner

Germany

Henry Olden - doffer  
Turner

*Turner*

См. также

Mr. Elizabeth Pett

245. Can. Th. (No.)

[illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 14 1879*
4. Place of Birth (Street and Number) *56 Carroll St - Baltimore Md*
5. Full Name of Mother *Caroline Bohle*
6. Mother's Maiden Name *Caroline Black*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Fredrick Bohle*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Margaret C. Edel*
- Address *No 13 Cuba St - Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32891

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Aug 14<sup>th</sup>

4. Place of Birth (Street and Number)

Baltimore 367 Cross St

5. Full Name of Mother

Estel Parker

6. Mother's Maiden Name

Blebe

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Parker

9. Father's Occupation

Wagon Driver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. M. Wilson

Address

340 Pennsylvania St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

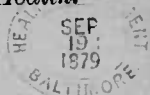


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Fourth of August
4. Place of Birth (Street and Number) Baltimore Ave. 442 W. Baltimore St.
5. Full Name of Mother Catharine Kuhn
6. Mother's Maiden Name Catharine Nolan
7. Mother's Birthplace St. Louis, Germany
8. Full Name of Father Joseph Fr. Kuhn
9. Father's Occupation Baker
10. Father's Birthplace Cherubien Wuerstemberg Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. D. Miller
- Address 60 Scholten St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 1/ RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5  
Male  
August 14  
No. 422 Pine St  
Elizabeth Spindler Meyer  
Schwartz  
Baltimore  
Henry Jos Spindler Meyer  
Shoemaker  
Germany

Amie Zunder 60 Schroter St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32.894

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether Male or Female) Twins. Males.

2. Race or Color (if not of the white race)

3. Date of Birth 14<sup>th</sup> of August

4. Place of Birth (Street and Number) 1119 Calhoun St.

5. Full Name of Mother Mary Welch

6. Mother's Maiden Name Remondor

7. Mother's Birthplace Baltimore

8. Full Name of Father Peter Welch

9. Father's Occupation machinist

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Calhoun St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32895

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~born~~ *it is the first* &c.)  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *Colored*  
3. Date of Birth *Friday 15<sup>th</sup> of August 1879*  
4. Place of Birth (Street and Number) *288 South Eutaw Street*  
5. Full Name of Mother *Mrs Louisa M. Baker*  
6. Mother's Maiden Name *not married*  
7. Mother's Birthplace *in Talbot County M.D.*  
8. Full Name of Father *no Father*  
9. Father's Occupation *none*  
10. Father's Birthplace *none*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Baker*  
Address *288 South Eutaw Street*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 15 1879

4. Place of Birth (Street and Number)

110 E. Gough St.

5. Full Name of Mother

Elizabeth Prety.

6. Mother's Maiden Name

E. Lumbden

7. Mother's Birthplace

Balt. city.

8. Full Name of Father

Edwin S. Prety

9. Father's Occupation

Coal dealer

10. Father's Birthplace

Baltimore city.

Name of Medical Attendant, or other Person who makes this Return.

Abraham Arnold M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32897

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

15 August

4. Place of Birth (Street and Number)

15 Ann St.

5. Full Name of Mother

Elizabeth King

6. Mother's Maiden Name

" Ruth

7. Mother's Birthplace

U.S.

8. Full Name of Father

Phillip King

9. Father's Occupation

Officer

10. Father's Birthplace

U.S.

Name of Medical Attendant, or other Person who makes this Return.

Rural Carpenter

Address

52 E. Lombard

Remarks

# RETURN OF A BIRTH.

32598

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) *A. P. Child*

(state whether male or female)

*Female*

*Female*

Race or Color (if not of the white race)

*White*

Date of Birth

*August 15*

Place of Birth (Street and Number)

*298 Franklin St.*

Full Name of Mother

*Catharine F. H. Wittinger*

Mother's Maiden Name

*Catharine F. H. Meyer*

Mother's Birthplace

*Baltimore Md.*

Full Name of Father

*John Wittinger*

Father's Occupation

*Blacksmith*

Father's Birthplace

*Hannover Pr.*

Name of Medical Attendant, or other Person who makes this Return.

*Susan Hunter*

Address

*21 N. Poppleton St.*

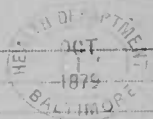
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32899

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

1 child

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 11

1879

4. Place of Birth (Street and Number)

Baltimore street 1st 107

5. Full Name of Mother

Anny Smolnick

6. Mother's Maiden Name

Anny Smolnick

7. Mother's Birthplace

Baltimore M S

8. Full Name of Father

Henry Smolnick

9. Father's Occupation

Hotel

10. Father's Birthplace

Baltimore M S

Name of Medical Attendant, or other Person who makes this Return.

Mrs. S. Smolnick

Address

742 Pratt st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32900

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 15 August
4. Place of Birth (Street and Number) 130 Ind St
5. Full Name of Mother Kate Callahan
6. Mother's Maiden Name " Dexter
7. Mother's Birthplace U. S.
8. Full Name of Father Pat Callahan
9. Father's Occupation Ice Driver
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Lusub Carter
- Address 52 E. Lombard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd  
Female  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 15th 1879

4. Place of Birth (Street and Number)

259 W. Caroline St.

5. Full Name of Mother

Jennie Matthews

6. Mother's Maiden Name

Jennie Spaymeyer

7. Mother's Birthplace

Sumner Pa.

8. Full Name of Father

John C. Matthews

9. Father's Occupation

Civil Engineer

10. Father's Birthplace

Oxford Pa.

Name of Medical Attendant, or other Person who makes this Return

Wm. B. Brantley, M.D.

Address

269 W. Caroline St.

Remarks

Vertex Presentation,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

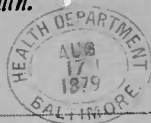


No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Second Child  
1. Sex (state whether Male or Female) female  
2. Race or Color (if not of the white race) Colored  
3. Date of Birth August 15th 1879  
4. Place of Birth (Street and Number) Residence 221 Canton St.  
5. Full Name of Mother Annie C. Hagleton  
6. Mother's Maiden Name Annie C. Howard  
7. Mother's Birthplace Baltimore Ind  
8. Full Name of Father Geo. C. Hagleton  
9. Father's Occupation Wright  
10. Father's Birthplace Baltimore Ind  
Name of Medical Attendant, or other Person who makes this Return. Margaret Resnikow  
Address 85 Ave Street  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

15 of August 1879

4. Place of Birth (Street and Number)

No. 3 North Chapel Street

5. Full Name of Mother

Annie Jager

6. Mother's Maiden Name

Annie Kunkel

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Kunkel

9. Father's Occupation

Laborman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Crescenta Kunkel

Address

11 North Chapel Street

Remarks

Healthy

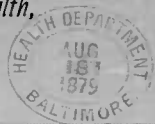


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32904

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

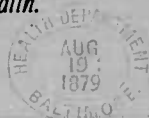


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Thirteenth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Aug. 15<sup>th</sup> - 1879*
4. Place of Birth (Street and Number) *53 Arch St*
5. Full Name of Mother *Minty Taylor*
6. Mother's Maiden Name *Minty Smith*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *James Taylor*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Maryland Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *J. A. Gilliss M.D.*
- Address *150 N. Emden St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

15 August

4. Place of Birth (Street and Number)

No 61 Bank st

5. Full Name of Mother

Mary Finn

6. Mother's Maiden Name

Henry O'neal

7. Mother's Birthplace

Ireland

8. Full Name of Father

Simon Finn

9. Father's Occupation

Laboar

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Eliza Fleming

Address

No 95 Albemarle st

Remarks

Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32906

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>tes</sup> Kind*
1. Sex (state whether male or female) *Mädchen*
2. Race or Color (if not of the white race) *Weiß*
3. Date of Birth *geboren den 15<sup>ten</sup> August*
4. Place of Birth (Street and Number) *1444 Langcöster Str*
5. Full Name of Mother *Margj Meier*
6. Mother's Maiden Name *Margj Lutz*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wilhelm Meier*
9. Father's Occupation *Handarbiter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address *N<sup>o</sup> 197 S. Dolloes Str*
- Remarks *Heim*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32907

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

15th Aug 1879

4. Place of Birth (Street and Number)

70 Preston

5. Full Name of Mother

Mary McCarty

6. Mother's Maiden Name

Wade

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John McCarty

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

C. B. Chambers M.D.

Address

108 Cathedral Street

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *born on the 15th of August 1879*
4. Place of Birth (Street and Number) *No. 8 Browns Lane*
5. Full Name of Mother *Miss Has*
6. Mother's Maiden Name *Miss H. Sheaffer*
7. Mother's Birthplace *born in Hesson, Darmstadt, Germ.*
8. Full Name of Father *Mr. Lon Has*
9. Father's Occupation *Bookbinder*
10. Father's Birthplace *born in Bavaria, Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Miller*
- Address *1017 11th St - Pratt*
- Remarks

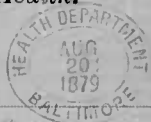
that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32909

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

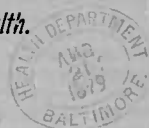


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female)\* *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 15 1879*
4. Place of Birth (Street and Number) *189 S. Ann St*
5. Full Name of Mother *Pauline Moser*
6. Mother's Maiden Name *" " Schluck*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Carl Moser*
9. Father's Occupation *Clark*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Louise Kraft*
- Address *236 Canton ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 15, 79*

4. Place of Birth (Street and Number) *E. Monument St.*

5. Full Name of Mother *Mary E. Woodlen.*

6. Mother's Maiden Name *Mary E. Henry*

7. Mother's Birthplace *Baltimore.*

8. Full Name of Father *John R. Woodlen*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. L. Smith M.D.*

Address *1227 Carrollton Ave.*

Remarks *Child Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 15  
36 Mosher St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Kate Supplee  
Kate Cochran

6. Mother's Maiden Name

7. Mother's Birthplace

Balt.  
J. Frank's Supplee  
Merchant

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Balt.  
J. McMillon  
257 Madison Ch.

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male  
Aug 15<sup>th</sup> 1879  
22<sup>nd</sup> Alice M. M. St.  
Maggie M. M. St.  
Lester  
City  
George M. M. St.  
Clark  
City  
Mrs Elizabeth B. St.  
1245 Canton Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32913

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Aug 15th

4. Place of Birth (Street and Number)

No 112 E. Pratt

5. Full Name of Mother

Leath Cooper

6. Mother's Maiden Name

" Dugman

7. Mother's Birthplace

City

8. Full Name of Father

B. F. Cooper

9. Father's Occupation

Clerk

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

J. E. Burch M.D.

Address

1511 Hanover St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32914

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug<sup>1</sup> 15. 1879

4. Place of Birth (Street and Number)

31 Spring Row

5. Full Name of Mother

Francis Charlotte Marshall

6. Mother's Maiden Name

Francis Charlotte Ingle

7. Mother's Birthplace

New York

8. Full Name of Father

Edmund C. Marshall

9. Father's Occupation

Merchant

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

J. W. Henshaw, M.D.

Address

75 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32915

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Anglo*
3. Date of Birth *15 1879*
4. Place of Birth (Street and Number) *Irish place*
5. Full Name of Mother *Frank St 101*
6. Mother's Maiden Name *Lena O'Neil*
7. Mother's Birthplace *" R. ofinsky*
8. Full Name of Father *Balto Md*
9. Father's Occupation *Robert Press*
10. Father's Birthplace *Shoemaker*
- Name of Medical Attendant, or other Person who makes this Return. *Balto Md*
- Address *Mrs R. Holling*
- Remarks *48 Coll and fa*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>

1. Sex (state whether Male or Female) m.

2. Race or Color (if not of the white race) c.

3. Date of Birth August 15, 1879.

4. Place of Birth (Street and Number) 223 St. Dusham St.

5. Full Name of Mother Annie Hayes.

6. Mother's Maiden Name Snowden.

7. Mother's Birthplace Annapolis, Md.

8. Full Name of Father Albert Hayes.

9. Father's Occupation Laborer.

10. Father's Birthplace Virginia.

Name of Medical Attendant, or other Person who makes this Return. Alice Bowers

Address Chapel St. nearager St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32917

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>.  
1. Sex (state whether Male or Female) M.  
2. Race or Color (if not of the white race) C  
3. Date of Birth August 15. 1879.  
4. Place of Birth (Street and Number) 207 St. Durham St.  
5. Full Name of Mother Hannah Jenkins  
6. Mother's Maiden Name Carroll  
7. Mother's Birthplace Baltimore, Md.  
8. Full Name of Father Augustus Jenkins.  
9. Father's Occupation Laborer.  
10. Father's Birthplace Baltimore, Md.  
Name of Medical Attendant, or other Person who makes this Return. Alice Bower's  
Address Chapel St near Edgar St.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32918

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name of Child: *James Hartlove*  
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *August 15*  
 4. Place of Birth (Street and Number) *Baltimore, Hanover st 368*  
 5. Full Name of Mother *Emilia Hartlove*  
 6. Mother's Maiden Name *Carolina Bailey*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *John Hartlove*  
 9. Father's Occupation *Brick Maker*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *W. B. Went.*  
 Address *Leadon Road. No 8.*  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32919-①

32920-①

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Twins

1. Sex (state whether Male or Female)

② Female & Male ①-9th

2. Race or Color (if not of the white race)

3. Date of Birth

16 Aug. 1879

4. Place of Birth (Street and Number)

45 S. Washington St.

5. Full Name of Mother

Elisabeth Jane Mac Williams

6. Mother's Maiden Name

Jarvis

7. Mother's Birthplace

Scotland

8. Full Name of Father

William Mac Williams

9. Father's Occupation

Baker

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Harry Stein

Address

151 E. Pratt St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32921

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

August 16<sup>th</sup> 1879  
642 West Pratt St  
Emma Webb  
Thomas  
Baltimore  
John Stoney Webb  
Hotel Clerk  
Maryland  
Wm McKim  
582 N Fayette St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32922

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *On the 28 of August 1879*  
 1. Sex (state whether Male or Female) *female*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *on the 16 of August*  
 4. Place of Birth (Street and Number) *No 362 Montgomery street*  
 5. Full Name of Mother *Nancy Johnson*  
 6. Mother's Maiden Name *Nancy Johnson*  
 7. Mother's Birthplace *Baltimore County Md*  
 8. Full Name of Father *Jim Johnson*  
 9. Father's Occupation *Sailor*  
 10. Father's Birthplace *Baltimore County Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Annie Johnson*  
 Address  
 Remarks *Spasms Hemorrhage*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32923

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First 1*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *16<sup>th</sup> August*  
4. Place of Birth (Street and Number) *16 Chesapeake St*  
5. Full Name of Mother *Kate Harrison*  
6. Mother's Maiden Name *" Allen*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *Thomas Harrison*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this return *Mrs. Johanna Harrison*  
Address *168 Chesapeake St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32924

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August the 16 1879*

4. Place of Birth (Street and Number) *President St. No 20.*

5. Full Name of Mother *Mary Lick*

6. Mother's Maiden Name *Mary Lüdheiser*

7. Mother's Birthplace *Lüschow, N. Prussen, Germany*

8. Full Name of Father *Friedrich Lick*

9. Father's Occupation *Whit Wright*

10. Father's Birthplace *Welle, N. Prussen, Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Mary E. Muller*

Address *N. Dallas St. No 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



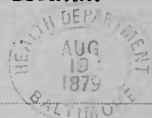
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 16th 1879*
4. Place of Birth (Street and Number) *3548 Hanover st*
5. Full Name of Mother *Cathryn Gissman*
6. Mother's Maiden Name *Lecnoch*
7. Mother's Birthplace *America*
8. Full Name of Father *Anton Gissman*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Schweitzland*
- Name of Medical Attendant, or other Person who makes this Return. *J. Lechner midwife*
- Address *330 Hanover st.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32926

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 16 - 1879*
4. Place of Birth (Street and Number) *79 N. Charles St*
5. Full Name of Mother *Mary Jane Bramsley*
6. Mother's Maiden Name *Mary Jane Redwood*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *James S. Bramsley*
9. Father's Occupation
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *J. R. Hiltnerberger*
- Address *6121 William Street*
- Remarks

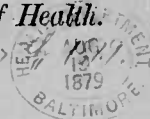
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32927

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 17



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 16<sup>th</sup> 1879

4. Place of Birth (Street and Number) 23 Castle St.

5. Full Name of Mother Amelia Witzel

6. Mother's Maiden Name Amelia Phingster

7. Mother's Birthplace Germany

8. Full Name of Father Otto Witzel

9. Father's Occupation Professor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. H. H. H.

Address No. 137 N. 3<sup>rd</sup> St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 17



- No. of Child of Mother, (state whether 1<sup>st</sup>, 2<sup>d</sup>, 3<sup>d</sup>, &c.) 8<sup>th</sup>
1. Sex (state whether male or female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth August 16<sup>th</sup> 1879.
4. Place of Birth (Street and Number) 173 Madeira Alley.
5. Full Name of Mother Louisa Ammerlein.
6. Mother's Maiden Name Louisa Friedel.
7. Mother's Birthplace Germany.
8. Full Name of Father. Kaspar Ammerlein.
9. Father's Occupation Cooper.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Smend.
- Address No. 137 Wolfe St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32929

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug. 16<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *Patterson Ave near Calumet*

5. Full Name of Mother *May Hughes*

6. Mother's Maiden Name *Smith*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *George Hughes*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *G. W. Jones M.D.*

Address *Cor. Patterson & Sticks*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

11.30 PM August 16. 1879

4. Place of Birth (Street and Number)

35 Milliman Street

5. Full Name of Mother

Elizabeth Sedonia Skipper

6. Mother's Maiden Name

" " Miller

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John Skipper

9. Father's Occupation

Railroad Employee

10. Father's Birthplace

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Charles H. Thomas, M.D.

Address

85 E. Baltimore Street

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32931

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Saturday Aug 16 1879

4. Place of Birth (Street and Number)

Baltimore, Md.

5. Full Name of Mother

No 65 Bond St

6. Mother's Maiden Name

Emma A. Giesch

7. Mother's Birthplace

Prussia

8. Full Name of Father

Charles Frederick

9. Father's Occupation

Teacher

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Anna F. Finkbeiner

Address

367 West Lombard St

Remarks

Living full.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32732

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Aug 16<sup>th</sup> 1879  
4. Place of Birth (Street and Number) 188 S. Caroline St.  
5. Full Name of Mother Margaretta Forster  
6. Mother's Maiden Name " " Rüder  
7. Mother's Birthplace Germany  
8. Full Name of Father Carl Forster  
9. Father's Occupation Carpenter  
10. Father's Birthplace Germany  
Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise K. St.  
Address 236 Canton Ave  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 16<sup>th</sup> 1879

4. Place of Birth (Street and Number)

7 Caroline Alley

5. Full Name of Mother

Eva Strickroth

6. Mother's Maiden Name

" Lindell

Germ.

7. Mother's Birthplace

8. Full Name of Father

John Strickroth

9. Father's Occupation

Saloon

Germ.

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Betz

Address

245 Cass St. Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 16th 1889  
1211 Stophelen st

4. Place of Birth (Street and Number)

5. Full Name of Mother

Elise Sauder

6. Mother's Maiden Name

Jander

7. Mother's Birthplace

America

8. Full Name of Father

Joseph Sauder  
Glassblower

9. Father's Occupation

Germany

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser M.D.  
330 Hanover st.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug 16th*
4. Place of Birth (Street and Number) *10241 N. Howard*
5. Full Name of Mother *Mary A. Donthat*
6. Mother's Maiden Name *" " Talton*
7. Mother's Birthplace *City*
8. Full Name of Father *M<sup>r</sup> H. Donthat*
9. Father's Occupation *Salesman*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. Burch M.D.*
- Address *151 Howard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32936

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *16 August*
4. Place of Birth (Street and Number) *8 C. Biddle St*
5. Full Name of Mother *Maria Johanna Rodgers*
6. Mother's Maiden Name *Gertrude*
7. Mother's Birthplace *Balto*
8. Full Name of Father *John Rodgers*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *J. Konrad*
- Address *220 Barnes St*
- Remarks

SEP 30 1879



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32937



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 16 of Sep 1879
4. Place of Birth (Street and Number) No 4 Jones court
5. Full Name of Mother Marta Chase
6. Mother's Maiden Name Marta Wilson
7. Mother's Birthplace Eastern Shore St. D.
8. Full Name of Father William Chase
9. Father's Occupation Laborer
10. Father's Birthplace Eastern Shore St. D.
- Name of Medical Attendant, or other Person who makes this Return Queen Victoria Hospital
- Address No 47 S. Surham St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32935

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. ~~Sex (state whether male or female)~~

Male

2. ~~Race or Color (if not of the white race)~~

3. Date of Birth

Aug 16<sup>th</sup> 1879

4. Place of Birth (Street and Number)

74 Fremont St

5. Full Name of Mother

Louisa Wachs

6. Mother's Maiden Name

" Gimmeyer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Herman Wachs

9. Father's Occupation

Notion Dealer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Cook

Address

328 South Eastern St

Remarks

# RETURN OF A BIRTH.

32739

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

14<sup>th</sup> child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

16<sup>th</sup> August 1879

3. Date of Birth

4. Place of Birth (Street and Number)

139 Hanover

5. Full Name of Mother

Mary Ann Murr

6. Mother's Maiden Name

Harrison

7. Mother's Birthplace

Balt. city

8. Full Name of Father

William F Murr

9. Father's Occupation

Ice Cream Manufacturer

10. Father's Birthplace

Balt. city

Name of Medical Attendant, or other Person who makes this Return.

J. W. Webster M.D.

Address

57 Pratt

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32940



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup>

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 17. 1879

4. Place of Birth (Street and Number)

E Lombard str 340

5. Full Name of Mother

Mary Anne Leberlein

6. Mother's Maiden Name

Bresen

7. Mother's Birthplace

Bresen

8. Full Name of Father

Abraham Leberlein

9. Father's Occupation

Leberlein

10. Father's Birthplace

Bresen

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Praeger

Address

W. J. Praeger

Remarks

Wm. J. Praeger

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of records, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1<sup>st</sup>  
Female

White

17<sup>th</sup> Aug 1879

110 Drexel St.

E. Kuhse

E. Born

Germany

John Kuhse

Baker

Germany

Mary Waller

125 N. Caroline

Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4  
1. Sex (state whether male or female) female  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth 17 August 1873  
4. Place of Birth (Street and Number) 16 Cranby St.  
5. Full Name of Mother Annie Casper  
6. Mother's Maiden Name Dickman  
7. Mother's Birthplace U. S.  
8. Full Name of Father Fred. Casper  
9. Father's Occupation Workman  
10. Father's Birthplace Austria  
Name of Medical Attendant, or other Person who makes this Return. Sarah Casper  
Address 52 E. Lombard St.  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

329113

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 17 August
4. Place of Birth (Street and Number) 55 Leam Green
5. Full Name of Mother Jamie Puff
6. Mother's Maiden Name Kelly
7. Mother's Birthplace N.Y.
8. Full Name of Father John Puff
9. Father's Occupation Wor Kingman
10. Father's Birthplace N.Y.
- Name of Medical Attendant, or other Person who makes this Return. Sarah Carson
- Address 52 E. Lombard
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

(state whether male or female) *Female*

Race or Color (if not of the white race) *White*

Date of Birth *August 17<sup>th</sup> 1879*

Place of Birth (Street and Number) *342 Lexington St Baltimore MD*

Full Name of Mother *Sophia Lloyd*

Mother's Maiden Name *Sophia John*

Mother's Birthplace *Baltimore MD*

Full Name of Father *John Thomas Lloyd*

Mother's Occupation *Machinist*

Mother's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*

Address *21 N. Poppleton St*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth.

August 17<sup>th</sup> 1879

4. Place of Birth (Street and Number)

125 N. Howard St.

5. Full Name of Mother

Charlotte Anderfuhren

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Germany

8. Full Name of Father

Edward Anderfuhren

9. Father's Occupation

Shoemaker.

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks

# RETURN OF A BIRTH.

32946

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 3  
Sex (state whether Male or Female) male  
2. Race or Color (if not of the white race) colored  
3. Date of Birth august the 17  
4. Place of Birth (Street and Number) tyler Street no 94  
5. Full Name of Mother Mary Ellen  
6. Mother's Maiden Name Mary frontleyer  
7. Mother's Birthplace maryland  
8. Full Name of Father John Ellen  
Father's Occupation cook restaurant  
Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah S Smithers  
Address george St alley no 37  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise the City of Baltimore, shall report to the Registrar aforesaid, within six days

No.

10.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Aug 17th 1879

3. Date of Birth

# Washington St.

4. Place of Birth (Street and Number)

White

5. Full Name of Mother

Mary S Marshall

6. Mother's Maiden Name

Mary Floung

7. Mother's Birthplace

Balto

8. Full Name of Father

Wm Marshall

9. Father's Occupation

Cane maker

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary E. Lewis

Address

# 171 Washington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32948

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Aug. 17, 1879.
4. Place of Birth (Street and Number) No. 134 Marlinton Ave.
5. Full Name of Mother Ella Kaufmann
6. Mother's Maiden Name " Derr.
7. Mother's Birthplace Balt.
8. Full Name of Father John Kaufmann
9. Father's Occupation Trunkmaker
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. Albert Stephens.
- Address 422 W. Fayette St.
- Remarks

That any physician, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *African*  
 3. Date of Birth *Aug. 17/79.*  
 4. Place of Birth (Street and Number) *136 Myron St.*  
 5. Full Name of Mother *Kate Simpson*  
 6. Mother's Maiden Name *Kate Diet*  
 7. Mother's Birthplace *St. Mary's County Md.*  
 8. Full Name of Father *Alfred Simpson*  
 9. Father's Occupation *Coachman*  
 10. Father's Birthplace *Mount Vernon County Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*W. H. Thompson, M.D.  
41 Orchard St.  
Baltimore City*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32950

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug 17<sup>th</sup> 1879
4. Place of Birth (Street and Number) 89 Monroe St.
5. Full Name of Mother Hennetta Gilest
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Mossey
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. Charlotte Gosbony
- Address 89 Monroe St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 15



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>.

1. Sex (state whether male or female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth August 17<sup>th</sup> 1879.

4. Place of Birth (Street and Number) 368 Alice Ann St.

5. Full Name of Mother Mary Howard.

6. Mother's Maiden Name Mary Halbur.

7. Mother's Birthplace America.

8. Full Name of Father John Howard.

9. Father's Occupation Printer.

10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Howard

Address No. 137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32952

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug<sup>17</sup> 1879

4. Place of Birth (Street and Number)

Baltimore County Md

5. Full Name of Mother

Susan Ryan

6. Mother's Maiden Name

Gallagher

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Ryan

9. Father's Occupation

Gardener

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

G. W. Harris M.D.

Address

Lee-Street & Preston

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 17<sup>th</sup> 79

4. Place of Birth (Street and Number)

18<sup>th</sup> Canton Ave

5. Full Name of Mother

77 Georgeanna Kopp

6. Mother's Maiden Name

" Sexton

7. Mother's Birthplace

Cal'dy

8. Full Name of Father

Henry Kopp

9. Father's Occupation

Barkeeper

10. Father's Birthplace

Cal'dy

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bets

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

329511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 17<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Cor Edens & Alice Ave

5. Full Name of Mother

Theresa Altwater

6. Mother's Maiden Name

" Kraus

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Altwater

9. Father's Occupation

Porter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Betz

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth August 17<sup>th</sup> 1879
4. Place of Birth (Street and Number) 308 W. Church St.
5. Full Name of Mother Marie Lange
6. Mother's Maiden Name Ma. Herchen
7. Mother's Birthplace Baltimore
8. Full Name of Father Georg Lange
9. Father's Occupation Cigar maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 S. Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32956

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *Born Aug 17*
4. Place of Birth (Street and Number) *Baltimore No 54 Pennsylvania St*
5. Full Name of Mother *Esther Clark*
6. Mother's Maiden Name *Barrett*
7. Mother's Birthplace *Adams County*
8. Full Name of Father *Richard Clark*
9. Father's Occupation *Writer*
10. Father's Birthplace *Adams County*
- Name of Medical Attendant, or other Person who makes this Return. *Andrew J. Wilson*
- Address *No 386 Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32957

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Eighth*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug. 17<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *127 Mosher St.*  
 5. Full Name of Mother *Alexina Elizabeth Campbell*  
 6. Mother's Maiden Name *Fifer*  
 7. Mother's Birthplace *Balto. City*  
 8. Full Name of Father *Louis C. Campbell*  
 9. Father's Occupation *Shoemaker*  
 10. Father's Birthplace *Georgetown D.C.*  
 Name of Medical Attendant, or other Person who makes this Return. *W. Christian M.D.*  
 Address *431 Penn. Ave.*  
 Remarks

# RETURN OF A BIRTH.

32958

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether ~~1st~~ 2d, 3d, &c.)
- Sex (state whether ~~Male~~ or Female)
- Race or Color (if not of the white race)
- Date of Birth *Aug 18 1879*
- Place of Birth (Street and Number) *#118 W. Garrison Ave*
- Full Name of Mother *Amelia Wilson*
- Mother's Maiden Name *Amelia Kelly*
- Mother's Birthplace *Ind*
- Full Name of Father *Frank P. Wilson*
- Father's Occupation *Telegrapher*
- Father's Birthplace *Ind*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. H. Sykes*
- Address *1 Maryland Terrace*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32959

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug. 17<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Baltimore 336 W. Stricker St.*
5. Full Name of Mother *Laura Robinson Pickett*
6. Mother's Maiden Name *Laura Evans*
7. Mother's Birthplace *Philadelphia*
8. Full Name of Father *John Holmes Pickett*
9. Father's Occupation *Sand & Emery Paper Manufacturer.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Samuel H. Henry*
- Address *198 - South Hill Ave.*
- Remarks \_\_\_\_\_

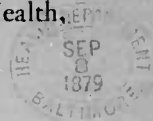


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32960

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*  
 1. Sex (state whether Male or Female) *Mail*  
 2. Race or Color (if not of the white race) *Light color*  
 3. Date of Birth *August 17*  
 4. Place of Birth (Street and Number) *No 1 China*  
 5. Full Name of Mother *Julia Pattison*  
 6. Mother's Maiden Name *Julia Ward*  
 7. Mother's Birthplace *New York N D*  
 8. Full Name of Father *James Pattison*  
 9. Father's Occupation *Shoe maker*  
 10. Father's Birthplace *Richmond Va*  
 Name of Medical Attendant, or other Person who makes this return *Abigail Brooks*  
 Address *210 Warner St*  
 Remarks *Down Well*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32961

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
- Sex (state whether Male or Female) *Male*
- Race or Color (if not of the white race) *White*
- Date of Birth *Sept. 1st 1879*
- Place of Birth (Street and Number) *208 Mountain St.*
- Full Name of Mother *Emma Thompson*
- Mother's Maiden Name *Phillips*
- Mother's Birthplace *Baltimore, Md.*
- Full Name of Father *Edward Thompson*
- Father's Occupation *Miner*
- Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Hays*
- Address *244 N. Howard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 17th 1879*
4. Place of Birth (Street and Number) *71 Scott St*
5. Full Name of Mother *Mary Bibmann*
6. Mother's Maiden Name *Hallen*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Monzo Bibmann*
9. Father's Occupation *Wachinist*
10. Father's Birthplace *South America*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Koch*
- Address *328 South Calver St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32963

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Fifth (6th)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 18th 1879

4. Place of Birth (Street and Number) No 172 South

5. Full Name of Mother Mary E. Grayson

6. Mother's Maiden Name Eliza Spence

7. Mother's Birthplace City

8. Full Name of Father Thos Grayson

9. Father's Occupation

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. John A. Blum M.D.

Address 123 South

Remarks

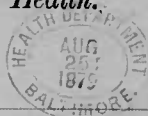


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

329614

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18 August
4. Place of Birth (Street and Number) 42 Hollman St
5. Full Name of Mother Bridget D. Fitzpatrick  
Danlin
6. Mother's Maiden Name Santh Ireland
7. Mother's Birthplace Patrick Fitzpatrick
8. Full Name of Father Blacksmith
9. Father's Occupation North Ireland
10. Father's Birthplace Mrs. G. Harrison  
No 7 Forrest Place
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32965

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28 August
4. Place of Birth (Street and Number) 435 Canton St and Port St
5. Full Name of Mother Margaret Fralch
6. Mother's Maiden Name Leese
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Fralch
9. Father's Occupation Labora
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley
- Address No 12 Patterson Park St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32966

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 18<sup>th</sup>*  
 4. Place of Birth (Street and Number) *448 E. Monument St*  
 5. Full Name of Mother *Kate V. Goodman*  
 6. Mother's Maiden Name *Kate V. Gordon*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *Marmaduke R. Goodman*  
 9. Father's Occupation *Stone Cutter*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Mary E. Preece*  
 Address *200 N. Broadway*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) Caucasian

3. Date of Birth the 18th August 1879

4. Place of Birth (Street and Number) 106 Chesnut Street

5. Full Name of Mother Eliza Jones

6. Mother's Maiden Name Teag

7. Mother's Birthplace Baltimore

8. Full Name of Father Amey Jones

9. Father's Occupation Teacher

10. Father's Birthplace Richmond, Va.

Name of Medical Attendant, or other Person who makes this Return. Dr. W. H. M. M. M.

Address No 70 Chesnut Street

Remarks mother and child living

W. H. M.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32968

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

15

4. Place of Birth (Street and Number)

No 43 Hamburg St  
Josephine Johnson

5. Full Name of Mother

Josephine Crawford

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

Thomas J Johnson

8. Full Name of Father

Brick Maker

9. Father's Occupation

Baltimore

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Mrs Anna Clark

Remarks



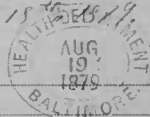
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32969

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 18<sup>th</sup> 1879



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>.

1. Sex (state whether male or female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth August 15<sup>th</sup> 1879.

4. Place of Birth (Street and Number) 233 Broadway.

5. Full Name of Mother Lizzie Sandgraf.

6. Mother's Maiden Name Lizzie Jäger.

7. Mother's Birthplace Germany.

8. Full Name of Father Fredrick Sandgraf.

9. Father's Occupation Restaurant.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Brand.

Address No. 137 Wolfe St.

Remarks CH

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32970

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 18 79
4. Place of Birth (Street and Number) 1411 Bank St
5. Full Name of Mother Catharina Becker
6. Mother's Maiden Name " Friederichs
7. Mother's Birthplace German
8. Full Name of Father Conrad Becker
9. Father's Occupation Wine Merchant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz
- Address 245 Canton Ave
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32971

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug. 18<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *382 Penna. Ave*

5. Full Name of Mother *Annie Barbary Meyers*

6. Mother's Maiden Name *Adler*

7. Mother's Birthplace *Balta. City*

8. Full Name of Father *Chas. Franklin Meyers*

9. Father's Occupation *Printer*

10. Father's Birthplace *Balta. City*

Name of Medical Attendant, or other Person who makes this Return. *W. Christian M.D.*

Address *431 Penna. Ave.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32972

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th 1/2 1/9*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 18th 1/9*
4. Place of Birth (Street and Number) *Cor. Baker & Penn a St.*
5. Full Name of Mother *Mary Redick*
6. Mother's Maiden Name *Hoffman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *G. B. Redick*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *G. H. Norris M.D.*
- Address *Cor. Sticks & Preston*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4<sup>th</sup>  
M.  
N.  
Aug. 18<sup>th</sup> 1879  
152 N. Eden St.  
Mary G.  
Carter  
City  
Jas. R. Reed  
Physician  
City  
H. T. Remond  
186 Uniquith St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

329711

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 18th 1879

4. Place of Birth (Street and Number)

French St # 55

5. Full Name of Mother

Katie Zimmerman

6. Mother's Maiden Name

" H. Line

7. Mother's Birthplace

Barania

8. Full Name of Father

Jacob Zimmerman

9. Father's Occupation

Driver

10. Father's Birthplace

Balt. Ma

Name of Medical Attendant, or other Person who makes this Return.

Wm R. Vollog

Address

48 H. all and St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32975

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth Aug 18th 1879  
 4. Place of Birth (Street and Number) 219 P. Biddle  
 5. Full Name of Mother Emma B. Hicks  
 6. Mother's Maiden Name " " Pearce  
 7. Mother's Birthplace Balti.  
 8. Full Name of Father Chas W. S. Hicks  
 9. Father's Occupation Salesman  
 10. Father's Birthplace Balti.  
 Name of Medical Attendant, or other Person who makes this Return. W. W. White, M.D.  
 Address 341 N. Broadway  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32976

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

Name *William George Anderson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Aug 15<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *164 Penna Avenue*

5. Full Name of Mother *Sam Anderson*

6. Mother's Maiden Name *High Balt Md*

7. Mother's Birthplace *John Anderson*

8. Full Name of Father *Carl Matheson*

9. Father's Occupation

10. Father's Birthplace *Balto Md*

Name of Medical Attendant, or other Person who makes this Return. *Louis Ducreux (Midwife)*

Address *164 Penna Avenue*

Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32977



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*  
 1. Sex (state whether Male or Female) *M.*  
 2. Race or Color (if not of the white race) *C.*  
 3. Date of Birth *August 18. 1879.*  
 4. Place of Birth (Street and Number) *30 Shuter St.*  
 5. Full Name of Mother *Mary Henry*  
 6. Mother's Maiden Name *Proctor.*  
 7. Mother's Birthplace *Balto. Md.*  
 8. Full Name of Father *William Henry*  
 9. Father's Occupation *Labourer.*  
 10. Father's Birthplace *Balto. Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *Abice Powers*  
 Address *Chapel St near Egger*  
 Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32978

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Berth being 18th, 1879*
4. Place of Birth (Street and Number) *82 Henricette St.*
5. Full Name of Mother *Paula Helen Seppen*
6. Mother's Maiden Name *Paula Seppen*
7. Mother's Birthplace *(Dahl)*
8. Full Name of Father *August Seppen*
9. Father's Occupation *patron maker*
10. Father's Birthplace *Danvers*
- Name of Medical Attendant, or other Person who makes this Return. *Partina Manning*
- Address *8 Sandusford St.*
- Remarks

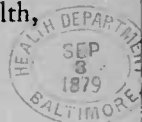


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32979

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 18 1879*  
 4. Place of Birth (Street and Number) *45 S. Stricker st*  
 5. Full Name of Mother *Henrietta Russel*  
 6. Mother's Maiden Name *Rowe*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Wm. M. J. Russel*  
 9. Father's Occupation *Bricklayer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this return *John Hood M.D.*  
 Address *2 N. Carey st.*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32780

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *16 Children*
1. Sex (state whether Male or Female) *Female Children*
2. Race or Color (if not of the white race) *Cosher*
3. Date of Birth *19th Decr 1879*
4. Place of Birth (Street and Number) *201 Hally*
5. Full Name of Mother *Mary ret Pikes*
6. Mother's Maiden Name *Margaret Gross*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Boston Barry*
9. Father's Occupation *Seaman*
10. Father's Birthplace *New Orleans La*
- Name of Medical Attendant, or other Person who makes this return *Harriet Britton*
- Address *20145 W. Eden St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32981

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth *August 28<sup>th</sup> 1879.*

4. Place of Birth (Street and Number) *E. Pratt St. No 184.*

5. Full Name of Mother *Sophia E. Bauer*

6. Mother's Maiden Name *Sophia E. Läckelsum*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *John B. Bauer*

9. Father's Occupation *Tinner*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Müller*

Address *N. Gallus St. No 26.*

Remarks

That any physician, acroucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32982

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

August the 14, 1879

4. Place of Birth (Street and Number)

Hampton St. No 18.

5. Full Name of Mother

Mary Segal

6. Mother's Maiden Name

Mary Rose

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Jacob Segal

9. Father's Occupation

Cabinet Maker

10. Father's Birthplace

Covenant, N. Russia, Europe

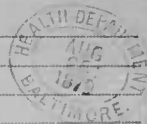
Name of Medical Attendant, or other Person who makes this Return.

Mary E. Müller

Address

N. Dallas St. No 26,

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32983

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

19 August

4. Place of Birth (Street and Number)

56 Broadway

5. Full Name of Mother

Connie M Shaw

6. Mother's Maiden Name

Myers

7. Mother's Birthplace

Maryland

8. Full Name of Father

Thomas Shaw

9. Father's Occupation

Commission Merchant

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Isabel Thomsen

Address

No 7 Farrest Place

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32984

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth 19<sup>th</sup> of August

4. Place of Birth (Street and Number) East Street 159

5. Full Name of Mother Sophia S. Hoffmann.

6. Mother's Maiden Name S. Destellert

7. Mother's Birthplace Baltimore.

8. Full Name of Father Julius Hoffmann

9. Father's Occupation Grocer

10. Father's Birthplace Frankfurt a. M. Germany

Name of Medical Attendant, or other Person who makes this Return.

Address N. S. Winkler, 1st L. Ave. No. 2113. B. J. G. G. G.

Remarks Julius Hoffmann



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32985-

To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.



Name of child, *John Crawford Gwiley*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *NOT*

1. Sex (state whether male or female)

*Male*

2. Race or Color (if not of the white race)

*White race*

3. Date of Birth

*19th August*

4. Place of Birth (Street and Number)

*53 Garden St.*

5. Full Name of Mother

*Mrs Mary A Gwiley*

6. Mother's Maiden Name

*Mary A Brown*

7. Mother's Birthplace

*Born in New York*

8. Full Name of Father

*Mr Joseph Gwiley*

9. Father's Occupation

*Ship Carpenter*

10. Father's Birthplace

*Born in Ireland*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs Jane Gwiley*

Address

*113 North Eden St.*

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*The 5*

1. Sex (state whether Male or Female)

*Male*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*The 19 of August*

4. Place of Birth (Street and Number)

*No 272 Central ave*

5. Full Name of Mother

*Kate Gomer*

6. Mother's Maiden Name

*Kate Deakener*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*George Deakener*

9. Father's Occupation

*Farmer*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

*Abes Sader*

Remarks

*172 Harbor ave*

*1841*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 19<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *Baltimore S. E. 1st St. No. 108*  
 5. Full Name of Mother *Ella Lawson*  
 6. Mother's Maiden Name *Ma Haney*  
 7. Mother's Birthplace *Maryland*  
 8. Full Name of Father *George Lawson*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return *Mrs. E. Mitchell*  
 Address *No. 140 Ramsey St*  
 Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32988

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>.

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

August 19<sup>th</sup> 1879.

4. Place of Birth (Street and Number)

233 Pierce St.

5. Full Name of Mother

Mary Anna Machew  
Wells.

6. Mother's Maiden Name

Port Tobacco, Charles Co, Md.

7. Mother's Birthplace

William Thomas Machew

8. Full Name of Father

Sign Painter

9. Father's Occupation

Balto. City.

10. Father's Birthplace

Louis W. Knight M.D.,

Name of Medical Attendant, or other Person who makes this Return.

112 N. Greene St.

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Girl

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 19th 1879

4. Place of Birth (Street and Number)

# 64 S. Wash. St.

5. Full Name of Mother

Fallie E. Harris.

6. Mother's Maiden Name

Fallie E. Penty.

7. Mother's Birthplace

Balto.

8. Full Name of Father

John Harris.

9. Father's Occupation

Ship Joiner

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary E. Quinn.

Address

# 171 S. Washington St.

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 19 1879

4. Place of Birth (Street and Number) Baltimore Stricker st 69

5. Full Name of Mother Elara Virginia Stricker

6. Mother's Maiden Name Elara Virginia Stricker

7. Mother's Birthplace Baltimore M.D.

8. Full Name of Father William Edwin Stricker

9. Father's Occupation Bookkeeper

10. Father's Birthplace Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return. Mrs. S. Tuckman

Address 139 Stricker st Bt

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32991



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

color race

3. Date of Birth

the Day 19

4. Place of Birth (Street and Number)

69 Langer Street

5. Full Name of Mother

Mary Taylor

6. Mother's Maiden Name

Mary Taylor

7. Mother's Birthplace

Port Shore for Linger

8. Full Name of Father

John Taylor

9. Father's Occupation

carthron

10. Father's Birthplace

Wash. Hill

Name of Medical Attendant, or other Person who makes this Return.

Misses Geo. B. B. B.

Address

69 Langer Street 11 243

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32992

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 22<sup>nd</sup> 1879



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 19<sup>th</sup> 1879

4. Place of Birth (Street and Number) 231 Broadway

5. Full Name of Mother M. Matthes

6. Mother's Maiden Name M. Guenther

7. Mother's Birthplace Germany

8. Full Name of Father P. Matthes

9. Father's Occupation Restaurant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amen!

Address No. 137 Wolfe St.

Remarks //



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32973

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Aug 22<sup>nd</sup> 1879



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether male or female) *Female.*
  2. Race or Color (if not of the white race) *White.*
  3. Date of Birth *Aug 19<sup>th</sup> 1879.*
  4. Place of Birth (Street and Number) *Highlandtown.*
  5. Full Name of Mother *C. Highlandtown Annie Koenig*
  6. Mother's Maiden Name *Annie Koenig* *Annie Schasche.*
  7. Mother's Birthplace *Germany.*
  8. Full Name of Father *Benaventura Koenig*
  9. Father's Occupation *Driver.*
  10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Amund.*
- Address *37 South Wolfe St.*
- Remarks *to*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32991

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Aug 21<sup>st</sup> 1879



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth Aug 14<sup>th</sup> 1879.

4. Place of Birth (Street and Number) 16 Shakspear St.

5. Full Name of Mother Theresa Eard.

6. Mother's Maiden Name Theresa Arimmon

7. Mother's Birthplace America.

8. Full Name of Father Henry Eard.

9. Father's Occupation Laborer.

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary Amend.

Address 157 South Wolfe St.

Remarks - 11

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32995

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 19th 1879*  
 4. Place of Birth (Street and Number) *198 Montgomery St*  
 5. Full Name of Mother *M. Katz*  
 6. Mother's Maiden Name *H. Moritz*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Marcus Katz*  
 9. Father's Occupation *Wm Goods Dealer*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32996

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *geboren den 19ten August*  
 4. Place of Birth (Street and Number) *No 172 Dallas Str*  
 5. Full Name of Mother *Lise Bückerth*  
 6. Mother's Maiden Name *Lise Wolff*  
 7. Mother's Birthplace *Deutschland*  
 8. Full Name of Father *Georg Bückerth*  
 9. Father's Occupation *Butcher*  
 10. Father's Birthplace *Deutschland*  
 Name of Medical Attendant, or other Person who makes this Return. *Friederike Haafmann*  
 Address *No 197 S. Dallas Str*  
 Remarks *Lebend*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32997

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eleventh*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *(colored)*  
 3. Date of Birth *Aug 19th 1879*  
 4. Place of Birth (Street and Number) *No 30 Forrest St*  
 5. Full Name of Mother *Mary E. Duffin*  
 6. Mother's Maiden Name *Mary E. Butler*  
 7. Mother's Birthplace *Maryland*  
 8. Full Name of Father *John Thomas Duffin*  
 9. Father's Occupation *coachman*  
 10. Father's Birthplace *Maryland*  
 Name of Medical Attendant, or other Person who makes this Return. *Saml S Powell M.D.*  
 Address *No 29 Aspinth St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of record, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32998

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Cafard

3. Date of Birth

Born Aug 19th

4. Place of Birth (Street and Number)

Baltimore No 209 7th

5. Full Name of Mother

Alice Smothers

6. Mother's Maiden Name

J. I.

7. Mother's Birthplace

Accomac Virginia

8. Full Name of Father

Lamont Smothers

9. Father's Occupation

Sailor

10. Father's Birthplace

Accomac County

Name of Medical Attendant, or other Person who makes this Return.

Ameline W. W. W.

Address

994 Kennedy St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32999

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Born Aug 19<sup>th</sup>*
4. Place of Birth (Street and Number) *Baltimore No 313 Lombard St*
5. Full Name of Mother *Elizabeth Joney*
6. Mother's Maiden Name *Lucy*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Joney*
9. Father's Occupation *Drayman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Julius Wilson*
- Address *349 Lombard St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

23000

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) boy
2. Race or Color (if not of the white race) white
3. Date of Birth 19 August 1879
4. Place of Birth (Street and Number) Baltimore Alexander st No 9
5. Full Name of Mother Rosa Beranek
6. Mother's Maiden Name Rosa Gelinek
7. Mother's Birthplace Germany
8. Full Name of Father Michael Beranek
9. Father's Occupation shoe maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary Kopitsch
- Address 69 Washington st.
- Remarks Mary Kopitsch



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

23001



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth *19<sup>th</sup> August*  
 4. Place of Birth (Street and Number) *19 Hudson Alley*  
 5. Full Name of Mother *Lizzie Ferson*  
 6. Mother's Maiden Name *Henry*  
 7. Mother's Birthplace *Massachusetts*  
 8. Full Name of Father *Levi Ferson*  
 9. Father's Occupation *Ice Driver*  
 10. Father's Birthplace *Massachusetts*  
 Name of Medical Attendant, or other Person who makes this Return *Charlotte Crosby*  
 Address *369 Cathedral St*  
 Remarks \_\_\_\_\_

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33002

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

19 Aug. 1879

4. Place of Birth (Street and Number)

329 Charles St.

5. Full Name of Mother

Mary Puttee

6. Mother's Maiden Name

Kernan

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Geo. Puttee

9. Father's Occupation

Wagon Driver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Keph

Address

328 South Enoch St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33003

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
 Female  
 Aug 20th 1879  
 Kilsby Lane  
 Mary Gutsmuth  
 111 North  
 Balt. Md  
 George Gutsmuth  
 Barber  
 Balt. Md  
 Emma Meuschel (Widow)  
 164 Penna Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within this City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



230011

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth Aug 29<sup>th</sup> 1879

4. Place of Birth (Street and Number) 137 15 Caroline St.

5. Full Name of Mother Catherine Shoemaker

6. Mother's Maiden Name " Becker

7. Mother's Birthplace City

8. Full Name of Father John Shoemaker

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Nome of Medical Attendant, or other Person who makes this Return. Mrs Elizabetha Bety

Address 245 Cantons Ave

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



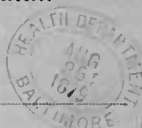
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 20<sup>th</sup> 1899*
4. Place of Birth (Street and Number) *#164 P. Grady St.*
5. Full Name of Mother *Lydia P. D. Bennett*
6. Mother's Maiden Name *Lydia P. Lynch*
7. Mother's Birthplace *America*
8. Full Name of Father *Frank P. Bennett*
9. Father's Occupation *America*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary O'Brien*
- Address *#171 P. Washington St.*
- Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33406



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 20 August
4. Place of Birth (Street and Number) 157 Corn Land
5. Full Name of Mother Elizabeth Hein
6. Mother's Maiden Name Gronemiller
7. Mother's Birthplace Germany
8. Full Name of Father Wm Hein
9. Father's Occupation Store Keeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sarah Carper
- Address 52 E Lombard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33007

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 20 August
4. Place of Birth (Street and Number) 261 Forrest St
5. Full Name of Mother Elizabeth Johnson
6. Mother's Maiden Name Brown
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard J Johnson
9. Father's Occupation Plumber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Arnold T. Chrismier
- Address No 7 Forrest Place
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33008

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *20<sup>th</sup> of August.*
4. Place of Birth (Street and Number) *Church St. No 14*
5. Full Name of Mother *Theresa Kiedel Singer*
6. Mother's Maiden Name *Theresa Siller*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Charles Siller*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Lena Thilligert*
- Address *No 192 East Monument St*
- Remarks





**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) 3 Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 20 1872

4. Place of Birth (Street and Number) 289 Ramsey st

5. Full Name of Mother Lizzy Smith

6. Mother's Maiden Name Lizzy Herron

7. Mother's Birthplace Baltimore

8. Full Name of Father Jacob Henry Smith

9. Father's Occupation Engineer

10. Father's Birthplace Lawrence E. C. M. D.

Name of Medical Attendant, or other Person who make this Return. Mr. S. F. Lurgan

Address 279 Hall st B&E

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33010

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether Male or Female) *2 males*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 20 Baltimore Md 1879*
4. Place of Birth (Street and Number) *Carey st No 78*
5. Full Name of Mother *Elizabeth Barnes*
6. Mother's Maiden Name *Elizabeth Smith*
7. Mother's Birthplace *Catonsville*
8. Full Name of Father *John Barnes*
9. Father's Occupation *Chick*
10. Father's Birthplace *Frederick & Co*
- Name of Medical Attendant, or other Person who makes this Return. *Dr J. L. Lushington*
- Address
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 20th 1879
4. Place of Birth (Street and Number) 43 Harrison St.
5. Full Name of Mother Ester Hoereman
6. Mother's Maiden Name " Laniski
7. Mother's Birthplace Poland
8. Full Name of Father E. Hoereman
9. Father's Occupation Shoemaker
10. Father's Birthplace Poland
- Name of Medical Attendant, or other Person who makes this Return. Barbara Reisz
- Address
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 2<sup>d</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *the 2<sup>d</sup> of August*
4. Place of Birth (Street and Number) *No 380 Calverton*
5. Full Name of Mother *Abigail Gatz*
6. Mother's Maiden Name *Abigail Winkler*
7. Mother's Birthplace *Germany*
8. Full Name of Father *George George Winkler*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Abel Sauer*
- Address *172 St. Charles st.*
- Remarks *1799*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33013

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *20 August*
4. Place of Birth (Street and Number) *124 South St*
5. Full Name of Mother *Louisa Siler*
6. Mother's Maiden Name *Luty*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Jacob Siler*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Stephen Simon*
- Address *No 70 Grand St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

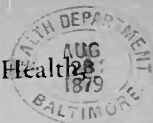


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *august 20 1874*
4. Place of Birth (Street and Number) *231 church st*
5. Full Name of Mother *Bridget green n*
6. Mother's Maiden Name *Bridget McLaney*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Joseph green n*
9. Father's Occupation *laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann garnett*
- Address *65 church st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *August 20<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *87 Barre St.*  
 5. Full Name of Mother *Marietta Shillinger.*  
 6. Mother's Maiden Name *Newton*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Sam<sup>l</sup> Shillinger*  
 9. Father's Occupation *Salesman -*  
 10. Father's Birthplace *Balto.*  
 Name of Medical Attendant, or other Person who makes this return *R. J. H. Tall. M.D.*  
 Address *15-2 Sharp St.*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) ♂ Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 20 1877

4. Place of Birth (Street and Number) Baltimore streets at 110

5. Full Name of Mother Catharine Quinn

6. Mother's Maiden Name Catharine Kennedy

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Mathias E. Quinn

9. Father's Occupation Sergeant of the Police

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. D. J. Schaefer

Address 137 Chambers St

Remarks Mrs. Kennedy 18 patients at



reel Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 20 1879

4. Place of Birth (Street and Number) Baltimore, Prager St. No. 354

5. Full Name of Mother Bright

6. Mother's Maiden Name Bright Cartelle

7. Mother's Birthplace Ireland

8. Full Name of Father Thomas More

9. Father's Occupation Conductor

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. S. Fischer

Address 179 Sticks St. Bld.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup> Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 20, 1879.*

4. Place of Birth (Street and Number) *211 E. Fayette St.*

5. Full Name of Mother *Mary E. Morgan*

6. Mother's Maiden Name *Mary E. Emerson*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Henry S. Morgan*

9. Father's Occupation *Clk.*

10. Father's Birthplace *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. Russell*

Address *227 E. Fayette St.*

Remarks *Child Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

colored

3. Date of Birth

Aug 20<sup>th</sup>

4. Place of Birth (Street and Number)

1819 Derham st North

5. Full Name of Mother

Emily Stepney

6. Mother's Maiden Name

7. Mother's Birthplace

Harford county

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Lucinda Woolford

Address

No 130 P Register street

Remarks

legitimate

Dec 20<sup>th</sup> 1 o'clock P.M.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

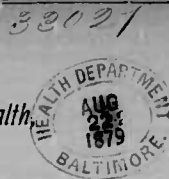
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Time*  
1. Sex (state whether male or female) *Boy*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *geboren den 20<sup>ten</sup> August*  
4. Place of Birth (Street and Number) *N<sup>o</sup> 168 Eastern St*  
5. Full Name of Mother *Louise Krumik*  
6. Mother's Maiden Name *Louise Mochler*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Charles Krumik*  
9. Father's Occupation *Händlerleiter*  
10. Father's Birthplace *Deutschland*  
Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*  
Address *N<sup>o</sup> 197 E. Dallas Str*  
Remarks *Heimlich*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar, before, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th 1.*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 20th 1879*
4. Place of Birth (Street and Number) *Tom 11 Clay Street*
5. Full Name of Mother *Anne Mary Siegel*
6. Mother's Maiden Name *Anne Mary Kintzle*
7. Mother's Birthplace *Germany Württemberg*
8. Full Name of Father *Christian William Siegel*
9. Father's Occupation *Cook*
10. Father's Birthplace *Germany Württemberg*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Martin Zeh*
- Address *Sand Point St. A 75*
- Remarks *Dr. Martin Zeh*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup> Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 20<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *223 Light st*
5. Full Name of Mother *Caroline West*
6. Mother's Maiden Name *Tamas*
7. Mother's Birthplace *America*
8. Full Name of Father *Louis West*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schlegel midwife*
- Address *330 Hanover st.*
- Remarks

33023



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *W*

3. Date of Birth *August 20<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *William Street N<sup>o</sup> 350*

5. Full Name of Mother *Catherina Burne*

6. Mother's Maiden Name *Catherina Rapp*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Jacob Burne*

9. Father's Occupation *Shoe Repair*

10. Father's Birthplace *Philadelphia Pa*

Name of Medical Attendant, or other Person who makes this Return. *Dorothea Burne*

Address *114 Calvary St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *W.*
3. Date of Birth *August 20<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Johnson Street No 148*
5. Full Name of Mother *Minnie Lerch*
6. Mother's Maiden Name *Minnie Kern*
7. Mother's Birthplace *Baltimore M.D.*
8. Full Name of Father *Benjamin Lerch*
9. Father's Occupation *W. D.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dorothea Brown*
- Address *No 114 Battery St*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *20th of August*

4. Place of Birth (Street and Number) *400 Greenmount Ave.*

5. Full Name of Mother *Sarah Taylor*

6. Mother's Maiden Name *Burke*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Taylor*

9. Father's Occupation *Printer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Charlotte Grant*

Address *319 Cathedral St.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 20-79

4. Place of Birth (Street and Number)

1029 N. Holly St

5. Full Name of Mother

Mary S. Ungless

6. Mother's Maiden Name

Mary S. Sturgeon

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Augustus Sturgeon

9. Father's Occupation

Master

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Henry A. Allwell

Address

256 McTearagh st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, SEP 2 1879  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male ~~or~~ Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 21-1879*
4. Place of Birth (Street and Number) *212 Bank St*
5. Full Name of Mother *Margaret McGonnigle*
6. Mother's Maiden Name *Margaret Stark*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Daniel McGonnigle*
9. Father's Occupation *Mariner*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *J. M. Sullivan, M.D.*
- Address *116 Thames St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33098



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 21<sup>st</sup> Aug 4. 1879  
 4. Place of Birth (Street and Number) 187 N Caroline  
 5. Full Name of Mother Lottie Menken  
 6. Mother's Maiden Name Lottie Roedel  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Henry Menken  
 9. Father's Occupation Cigar Maker  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Amanda Marine  
 Address 378 E Monument St  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *21 August*
4. Place of Birth (Street and Number) *7 Fayette*
5. Full Name of Mother *Regina Lutz*
6. Mother's Maiden Name *Dick*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Joseph Lutz*
9. Father's Occupation *Shoe maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Samuel Cooper*
- Address *53 E. Lombard*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race)
3. Date of Birth 21 August
4. Place of Birth (Street and Number) 36 E. Gen St.
5. Full Name of Mother Annie E. Clifton
6. Mother's Maiden Name " " Seury
7. Mother's Birthplace U.S.
8. Full Name of Father John Clifton
9. Father's Occupation Carver
10. Father's Birthplace U.S.
- Name of Medical Attendant, or other Person who makes this Return. Sarah Carper
- Address 53 E. Lombard
- Remarks

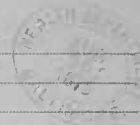
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33031

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race)
3. Date of Birth 21 August
4. Place of Birth (Street and Number) 27 Pleasant
5. Full Name of Mother Mary Mahon
6. Mother's Maiden Name Ward
7. Mother's Birthplace M.D.
8. Full Name of Father John J. Mahon
9. Father's Occupation Private
10. Father's Birthplace M.D.
- Name of Medical Attendant, or other Person who makes this Return. Lemuel Carson
- Address 52 E. Lombard
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 9-5-37  
RETURN OF A BIRTH.

33139

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7  
1. Sex (state whether male or female) female  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth 22<sup>nd</sup> August 1879  
4. Place of Birth (Street and Number) 60 President  
5. Full Name of Mother Theresa Lavesse Theresa Anna Rama  
6. Mother's Maiden Name Theresa Lavesse  
7. Mother's Birthplace Italy  
8. Full Name of Father Fortunato Rama Fortunato Rama  
9. Father's Occupation Printer  
10. Father's Birthplace Italy  
Name of Medical Attendant, or other Person who makes this Return. Sarah Carper  
Address 53 E. Second  
Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33033

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

107 Simpson st

4. Place of Birth (Street and Number)

Aug 2

5. Full Name of Mother

Elizabeth Metzdorff

6. Mother's Maiden Name

Elizabeth Metzdorff

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Gas Metzdorff

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Messrs. Hark

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August the 21 1879*
4. Place of Birth (Street and Number) *No 7 Galvins Court*
5. Full Name of Mother *William A. Hausman*
6. Mother's Maiden Name *William A. Shaw*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Hausman*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann E Bull*
- Address *No 171 South Chester st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First -  
Male -

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 21<sup>st</sup> 1879

4. Place of Birth (Street and Number)

32 Union St.

5. Full Name of Mother

Rosa Carrie Musgiller

6. Mother's Maiden Name

Horn

7. Mother's Birthplace

Germany

8. Full Name of Father

John Frederick Musgiller

9. Father's Occupation

Barber

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Louis Dr. Wright M.D.

Address

112 N. Greene St.

Remarks

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33036

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 21 1877

4. Place of Birth (Street and Number)

No 1259 Eager St

5. Full Name of Mother

Kate Callahan

6. Mother's Maiden Name

Kate Mc Dermott

7. Mother's Birthplace

New York City

8. Full Name of Father

Edw Callahan

9. Father's Occupation

Printer

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

Dona Hillegeist

Address

1018 1/2 Monument St

Remarks

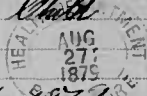
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> Child  
Female



1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 21<sup>st</sup> 1879

4. Place of Birth (Street and Number)

330 Hanover st

5. Full Name of Mother

Mary Haysen

6. Mother's Maiden Name

Harvey

7. Mother's Birthplace

America

8. Full Name of Father

William Haysen

9. Father's Occupation

Laborer

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schlegesser midwife  
330 Hanover st.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth Aug 21
4. Place of Birth (Street and Number) 3 Bethel, rap. Saltspring
5. Full Name of Mother Mary Ann Gibran
6. Mother's Maiden Name Mary Ann Kennah
7. Mother's Birthplace Baltimore md
8. Full Name of Father Joseph Gibran
9. Father's Occupation Wagonmaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Lear Johnson
- Address No 32 Short St
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth aug 21

4. Place of Birth (Street and Number) 10 Josephine St.

5. Full Name of Mother Emma Young

6. Mother's Maiden Name Emma Lee

7. Mother's Birthplace St Mary Co

8. Full Name of Father William Young

9. Father's Occupation Walter

10. Father's Birthplace St Mary Co

Name of Medical Attendant, or other Person who makes this Return Mrs Lee Johnson

Address no. 32 Short St

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 28th 1879*
4. Place of Birth (Street and Number) *# 1 Wolfe St. near Lancaster*
5. Full Name of Mother *Lena Schultz Craft*
6. Mother's Maiden Name *Lena Schultz*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Craft*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Lemons*
- Address *# 174 Washington St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Aug 21st 1879*
4. Place of Birth (Street and Number) *62 Wane Street*
5. Full Name of Mother *Virginia Thompson*
6. Mother's Maiden Name
7. Mother's Birthplace *Balto City*
8. Full Name of Father *Columbus Thompson*
9. Father's Occupation *Sailor*
10. Father's Birthplace *West River Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*
- Address *71 Burgundy Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*  
 1. Sex (state whether Male or Female) *male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *Thursday August - 21st '79*  
 4. Place of Birth (Street and Number) *85. E Pratt St*  
 5. Full Name of Mother *Ella Averill*  
 6. Mother's Maiden Name *Wrightson*  
 7. Mother's Birthplace *St Michaels Md*  
 8. Full Name of Father *E. S. Averill*  
 9. Father's Occupation *Ship-Broker*  
 10. Father's Birthplace *Boston*  
 Name of Medical Attendant, or other Person who makes this Return. *B. F. Grove, M. D.*  
 Address *28 S Exeter St*  
 Remarks *about 7 1/2 mos*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September*

4. Place of Birth (Street and Number) *Pratt Street*

5. Full Name of Mother *Anna Gellman*

6. Mother's Maiden Name *Schmuck*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Gellman*

9. Father's Occupation *Butcher*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return. *Mrs. M. A. Gault*

Address *115 Carroll St*

Remarks *See 11/11*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Rosa Lacey

SEP

SEP

17

1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 21<sup>st</sup> 1879

4. Place of Birth (Street and Number)

No 123 N Baltimore St

5. Full Name of Mother

Clara Ashton Balderson

6. Mother's Maiden Name

Clara Ashton

7. Mother's Birthplace

Baile

8. Full Name of Father

Thomas Balderson

9. Father's Occupation

Wine worker and merchant

10. Father's Birthplace

Baile

Name of Medical Attendant, or other Person who makes this Return.

Robert H. Mifflin M.D.

Address

64 N. Poca St

Remarks

CERTIFICATE CORRECTED 8-12-52.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or aid at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33045

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



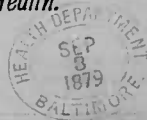
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth August 21
4. Place of Birth (Street and Number) 122 Gillen's St.
5. Full Name of Mother Mrs. Sargen
6. Mother's Maiden Name Mrs. Bennett
7. Mother's Birthplace Baltimore
8. Full Name of Father George Sargen
9. Father's Occupation Cigar maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address Anne, Durrin 80 Shadr St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33046

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *August 21-1879*
4. Place of Birth (Street and Number) *No 241 E Fayette*
5. Full Name of Mother *Georgeanna Geddes*
6. Mother's Maiden Name *Lee*
7. Mother's Birthplace *William T Geddes (Baltimore)*
8. Full Name of Father *" "*
9. Father's Occupation *Gilder*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Howell*
- Address *286 E. Bond St*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug. 22<sup>nd</sup> 1870*

4. Place of Birth (Street and Number) *Baltimore Lombard St. No. 440*

5. Full Name of Mother *Sarah Cassidy*

6. Mother's Maiden Name *Crockett*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *James Cassidy*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Mitchell*

Address *N. E. 140 Parnsey St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33648

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 22 79
4. Place of Birth (Street and Number) 463 W. Carey St
5. Full Name of Mother Leanna Fuller
6. Mother's Maiden Name Leanna Isaacs
7. Mother's Birthplace Ind
8. Full Name of Father Louis O Fuller
9. Father's Occupation Clerk
10. Father's Birthplace Ind
- Name of Medical Attendant, or other Person who makes this Return. J. M. Meller
- Address 89 N. Greene St
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32049

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Female  
White  
22<sup>nd</sup> of Aug 1879.  
135<sup>th</sup> Spring St.  
C. C. Reube  
C. C. Albert.  
Germany.  
C. C. Reube.  
Blacksmith.  
Germany.  
Mary Miller  
123<sup>rd</sup> Broadway  
Baltimore

That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33050

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 22<sup>nd</sup> 1879*

4. Place of Birth (Street and Number) *1290. E. Madison. St.*

5. Full Name of Mother *Eliza Amelia Smith.*

6. Mother's Maiden Name *Powell.*

7. Mother's Birthplace *Baltimore. Md.*

8. Full Name of Father *Samuel Smith*

9. Father's Occupation *Bricklayer*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this return *Dr. B. O'Reilly. M.D.*

Address *235. N. Broadway.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ male or female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

August 22nd 1879.  
38 Pearl St.  
Alice Baum.  
Alice Baum.  
Baltimore City.  
Frederick K. Baum.  
Black.  
Baltimore, Pa.  
Wm. L. R. Brown, M.D.  
City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug. 22<sup>nd</sup> 1879
4. Place of Birth (Street and Number) 15 Horn St.
5. Full Name of Mother Sarah Johnson
6. Mother's Maiden Name " Lane
7. Mother's Birthplace Baltimore County
8. Full Name of Father John Johnson
9. Father's Occupation Sergeant U. S. Army
10. Father's Birthplace City
- Name of Medical Attendant, or other person who makes this Return. E. B. Fenby
- Address 319 N. Central Ave.
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *22<sup>nd</sup> August*  
 4. Place of Birth (Street and Number) *117 N. Fremont*  
 5. Full Name of Mother *Doherty Buschant*  
 6. Mother's Maiden Name *Siechting*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *William Buschant*  
 9. Father's Occupation *Box Maker*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Commerfeld*  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
male  
white  
Aug 22<sup>nd</sup> 1879  
341 Sharp St  
Elizabeth Crawford  
Elizabeth Knorr  
Ohio  
Geo Crawford  
Bookkeeper  
Maryland  
Theodore Cooke, M.D.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Aug 22
4. Place of Birth (Street and Number) 319 Bayard Ave
5. Full Name of Mother Catherine Snyder
6. Mother's Maiden Name Catherine Pennille
7. Mother's Birthplace Balto
8. Full Name of Father Christen Snyder
9. Father's Occupation Clinker
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Wooden
- Address 330 Leguith. street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 22 1879
4. Place of Birth (Street and Number) Maryland City Bt. Cross & West
5. Full Name of Mother Mary Anne Rose
6. Mother's Maiden Name Margaret McShallin
7. Mother's Birthplace New York
8. Full Name of Father James Thomas Rose
9. Father's Occupation Seafarer
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this return Mrs M. Shaffer
- Address 114 Mulberry St
- Remarks

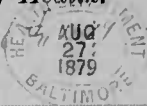


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 22nd 1879



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 22nd 1879

4. Place of Birth (Street and Number) 221 Register St.

5. Full Name of Mother Lizzie Robinson

6. Mother's Maiden Name Lizzie Reinick

7. Mother's Birthplace America

8. Full Name of Father Charles Robinson

9. Father's Occupation Police

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mr. Mary Mend.

Address No. 137 Wolf St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth Aug 22
4. Place of Birth (Street and Number) 199 Orleans St
5. Full Name of Mother Melby Sims
6. Mother's Maiden Name Melby Walker
7. Mother's Birthplace Augusta Ga
8. Full Name of Father Jackson Sims
9. Father's Occupation laborer
10. Father's Birthplace Augusta Ga
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Leon Johnson
- Address no. 32 Short St
- Remarks Healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *aug 22*
4. Place of Birth (Street and Number) *13 short ally*
5. Full Name of Mother *not married*
6. Mother's Maiden Name *Betty Bryson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Clara Johnson*
- Address *no 32 short st*
- Remarks *healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth Aug. 22
4. Place of Birth (Street and Number) 24 short st
5. Full Name of Mother martha dyers
6. Mother's Maiden Name martha jackson
7. Mother's Birthplace Baltimore md
8. Full Name of Father simon dyers
9. Father's Occupation drayman
10. Father's Birthplace Baltimore md
- Name of Medical Attendant, or other Person who makes this Return. miss lea jackson
- Address no. 32 short st
- Remarks \* ~~deformed~~ deformed child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August the 22 1877

4. Place of Birth (Street and Number) Stricker St. No 154 Baltimore

5. Full Name of Mother Amelia Strayer

6. Mother's Maiden Name Amelia Nikles

7. Mother's Birthplace Germany

8. Full Name of Father George F. Strayer

9. Father's Occupation Bookster

10. Father's Birthplace Calumet

Name of Medical Attendant, or other Person who makes this Return. Mrs. S. F. Strayer

Address 157 Stricker St. B. Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and age of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33062

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

22d of August

4. Place of Birth (Street and Number)

1242 1/2 St. Central Avenue

5. Full Name of Mother

Mary A. Reilly

6. Mother's Maiden Name

Mary A. Luskhan

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles E. Reilly

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Catherine Luskhan

Address

1242 1/2 St. Central Avenue

Remarks

Living as well as can be reported

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33063

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) White Female

2. Race or Color (if not of the white race) White

3. Date of Birth No. 22 President St

4. Place of Birth (Street and Number) September 4

5. Full Name of Mother Sarah Osborne

6. Mother's Maiden Name Sarah Lee

7. Mother's Birthplace America

8. Full Name of Father William Osborne

9. Father's Occupation Labor

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return Eliza Fleming

Address No 95 Atlantic St

Remarks healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

W

3. Date of Birth

August 22 1874

4. Place of Birth (Street and Number)

Eastern House

5. Full Name of Mother

Rose Blanche Woodyear

6. Mother's Maiden Name

W. a. Shepherd

7. Mother's Birthplace

Baltic

8. Full Name of Father

Wm E Woodyear

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltic

Name of Medical Attendant, or other Person who makes this Return.

J. H. Patterson M.D.

Address

18 Franklin

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Aug 22nd 1879
4. Place of Birth (Street and Number) Quincy St. No. 10
5. Full Name of Mother Regina Deering
6. Mother's Maiden Name " Gluckelapies
7. Mother's Birthplace Balt. Md
8. Full Name of Father Arthur Deering
9. Father's Occupation Florist
10. Father's Birthplace Balt. Md
- Name of Medical Attendant, or other Person who makes this Return. Amie Travnicke (Midwife)
- Address 164 3rd Ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33066

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *22 Aug 1879*
4. Place of Birth (Street and Number) *140 Jones St*
5. Full Name of Mother *Maggie Guiper*
6. Mother's Maiden Name *Fassel*
7. Mother's Birthplace *Kur - Meesen - Germany*
8. Full Name of Father *Peter Guiper*
9. Father's Occupation *Restaurant Keeper*
10. Father's Birthplace *Kur Meesen Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Nash*
- Address *328 South Eutan St*
- Remarks

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth  
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

22<sup>nd</sup> Aug. 1879.

4. Place of Birth (Street and Number)

43<sup>rd</sup> Woodward St.

5. Full Name of Mother

Louisa Jung

6. Mother's Maiden Name

" Bokeman

7. Mother's Birthplace

Kranlin County

8. Full Name of Father

John Jung  
Baker

9. Father's Occupation

10. Father's Birthplace

Catawissa

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Hays

Address

321 South E. St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33068

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White.  
 3. Date of Birth Aug. 22/78.  
 4. Place of Birth (Street and Number) 295 N. Gilman St  
 5. Full Name of Mother Mary Kuhlman  
 6. Mother's Maiden Name Schultheis.  
 7. Mother's Birthplace Baltimore Md.  
 8. Full Name of Father Chas. F. Kuhlman  
 9. Father's Occupation Butter Dealer  
 10. Father's Birthplace Washington, D.C.  
 Name of Medical Attendant, or other Person who makes this Return. N. K. Riettershoff M.D.  
 Address 77 George St  
 Remarks

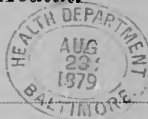
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

53069

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

4. Place of Birth (Street and Number)

71 Cambridge St

5. Full Name of Mother

Elizabeth Ormsted

6. Mother's Maiden Name

" Pedder

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Robert Ormsted

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address

12 Patterson Park Dr

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33070

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *American White*
3. Date of Birth *Aug. 28<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *116 Schinnera St*
5. Full Name of Mother *Martha Cornelia Davis*
6. Mother's Maiden Name *Benson*
7. Mother's Birthplace *Westmoreland Co Va*
8. Full Name of Father *John R. Davis*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Norfolk Va*
- Name of Medical Attendant, or other Person who makes this Return. *J. E. Lindsay*
- Address *159 Park Ave*
- Remarks

See Record of Birth Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 23 1879

4. Place of Birth (Street and Number)

78 N Penna

5. Full Name of Mother

Lena Weil

6. Mother's Maiden Name

Lena Steigewald

7. Mother's Birthplace

Prussia

8. Full Name of Father

Benjamin Weil

9. Father's Occupation

Dealer in Books

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Abraham Spiegelman

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 23 1879

4. Place of Birth (Street and Number)

Cor. Charles Market

5. Full Name of Mother

Sophia Weil

6. Mother's Maiden Name

Sophia Fraylay

7. Mother's Birthplace

Baltimore City

8. Full Name of Father (Simon)

Simon Weil

9. Father's Occupation

At business

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

Abraham Arnold M.D.

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 23 - 1879
4. Place of Birth (Street and Number) 103 Sharp St.
5. Full Name of Mother Charlotte Withenise
6. Mother's Maiden Name Charlotte Wellinghoff.
7. Mother's Birthplace Germany
8. Full Name of Father Erich Withenise
9. Father's Occupation Cigar Manufacturer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return Abraham Arnold
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33074

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup> Child.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth August 23<sup>d</sup> 1879.
4. Place of Birth (Street and Number) St. Charles St.
5. Full Name of Mother Nijal East
6. Mother's Maiden Name King
7. Mother's Birthplace Baltimore City.
8. Full Name of Father Henry East
9. Father's Occupation Milk Dealer
10. Father's Birthplace England.



Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. Walton White, M.D.  
30 N. Gilman St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *August 23 1898*
4. Place of Birth (Street and Number) *No 138 Chapel St.*
5. Full Name of Mother *Mrs. Carpenter*
6. Mother's Maiden Name *Miss Blake*
7. Mother's Birthplace *Galatia, Mo.*
8. Full Name of Father *Mr. Richard Carpenter*
9. Father's Occupation *White Worker*
10. Father's Birthplace *Washington D.C.*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Frost*
- Address
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 23<sup>d</sup> 1879

4. Place of Birth (Street and Number)

114 Cross St.

5. Full Name of Mother

Mary K. Lloyd

6. Mother's Maiden Name

" Piquet

7. Mother's Birthplace

Balto. City.

8. Full Name of Father

John Lloyd.

9. Father's Occupation

Costum House Inspector,

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this return

R. J. H. Tall. M.D.

Address

152 Sharp St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3 child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 23 1879*

4. Place of Birth (Street and Number) *Baltimore South Packa*

5. Full Name of Mother *Maggie Wood*

6. Mother's Maiden Name *Maggie Massey*

7. Mother's Birthplace *Stat Baltimore County*

8. Full Name of Father *John Wood*

9. Father's Occupation *Superintendent*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this return *Mrs M. Whipple*

Address *114 Rutledge St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *male Child*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *August 11 23. 1879*
4. Place of Birth (Street and Number) *no 2 Little Way Baltimore md*
5. Full Name of Mother *Mattilda Tulson*
6. Mother's Maiden Name *Mattilda Beatch*
7. Mother's Birthplace *harford County md*
8. Full Name of Father *Frederic Tulson*
9. Father's Occupation *Oyster Shucker*
10. Father's Birthplace *harford County md*
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Hartford*
- Address *130 north Regester St Baltimore md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33079

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



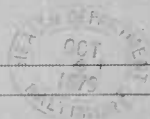
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13 of August 1879*
4. Place of Birth (Street and Number) *112 North Hollister St*
5. Full Name of Mother *Emma Harrison*
6. Mother's Maiden Name *Emma Hubbard*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Frederick Harrison*
9. Father's Occupation *Draper*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Hall*
- Address *11 North Hollister St Baltimore*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 22<sup>nd</sup> 1899
4. Place of Birth (Street and Number) 10 1/2 Alley Lane #6
5. Full Name of Mother Mary Lee
6. Mother's Maiden Name " Hemmings
7. Mother's Birthplace Balto Md
8. Full Name of Father Joseph Lee
9. Father's Occupation Driver
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulling
- Address 48 Stollard St
- Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23 August*
4. Place of Birth (Street and Number) *John W. Road*
5. Full Name of Mother *Emma Figgman*
6. Mother's Maiden Name *Shults*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jernard Figgman*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. J. Bell*
- Address *185 Central Av*
- Remarks *All Well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23<sup>rd</sup> of August*
4. Place of Birth (Street and Number) *10 1/2 Lombard St*
5. Full Name of Mother *Virginia Herbert*
6. Mother's Maiden Name *" " Shuff*
7. Mother's Birthplace *Winchester, Va*
8. Full Name of Father *Fredrick Herbert*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs M. S. J. J.*
- Address *115 Central Ave*
- Remarks *See record*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33083

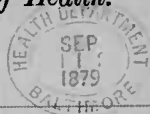
To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child  
1. Sex (state whether male or female) male  
2. Race or Color (if not of the white race) colored  
3. Date of Birth august 23d  
4. Place of Birth (Street and Number) 173 west st  
5. Full Name of Mother Lucy hull  
6. Mother's Maiden Name Lucy travist  
7. Mother's Birthplace virginia, near molan county  
8. Full Name of Father john hull  
9. Father's Occupation laborer  
10. Father's Birthplace virginia  
Name of Medical Attendant, or other Person who makes this Return. Mrs Lydia Porter  
Address no 4 pattee avenue  
Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 22nd 1879

4. Place of Birth (Street and Number)

106 Pariah Alley

5. Full Name of Mother

Mrs. M. H. Wright

6. Mother's Maiden Name

DeForest

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Chas. C. Wright

9. Father's Occupation

Laborn

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Amia M. M. M. M. M.

Address

106 Pariah Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *August 23 1879*  
 4. Place of Birth (Street and Number) *Crocker Street*  
 5. Full Name of Mother *Barbara Roberts*  
 6. Mother's Maiden Name *Barbara Ettel*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Thomas Roberts*  
 9. Father's Occupation *Laber*  
 10. Father's Birthplace *Wales*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Margaret Ettel*  
*13 Cuba Street*

recd. Records of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) boy
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 23 August
4. Place of Birth (Street and Number) 43 S. Pellingill
5. Full Name of Mother Katie Pellingill
6. Mother's Maiden Name Matie Skott
7. Mother's Birthplace Ireland
8. Full Name of Father Ephraim Pellingill
9. Father's Occupation Shoemaker
10. Father's Birthplace Massachusetts
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. M. M.
- Address 8 S. Pellingill
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) F
2. Race or Color (if not of the white race) C
3. Date of Birth August 23 1879
4. Place of Birth (Street and Number) 248 N. DuPont St.
5. Full Name of Mother Clara Gile
6. Mother's Maiden Name Bocker
7. Mother's Birthplace Balto. Ind.
8. Full Name of Father Jefferson Gile
9. Father's Occupation Laborer
10. Father's Birthplace Balto. Ind.
- Name of Medical Attendant, or other Person who makes this Return. L. C. Gordon, M. D.
- Address 314 N. Broadway
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33088

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Girl*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug. 23, 1879.*

4. Place of Birth (Street and Number) *Collington St.*

5. Full Name of Mother *Ida A. Broom*

6. Mother's Maiden Name *Hearn*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Broom*

9. Father's Occupation *groceryman*

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return *Chas. Wood, M.D.*

Address *2 N. Carey St.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 24th 79*

4. Place of Birth (Street and Number) *140 Columbia Ave*

5. Full Name of Mother *Alice V. Lippert*

6. Mother's Maiden Name *Alice V. Rose*

7. Mother's Birthplace *Me*

8. Full Name of Father *George Lippert*

9. Father's Occupation *Cabinet maker*

10. Father's Birthplace *Me*

Name of Medical Attendant, or other Person who makes this Return. *J. Keller MD*

Address *57 N. Howard*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33090

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

56

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 24. 1879

4. Place of Birth (Street and Number)

Bank str 184

5. Full Name of Mother

Maria Engel

6. Mother's Maiden Name

Dunnisch

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Georg Engel

9. Father's Occupation

Lebener

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Joh. Braunsch

Address

Wolfs tr 128

Remarks

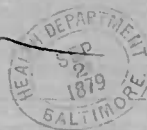
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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. His or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33091

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 24<sup>th</sup> 1879

4. Place of Birth (Street and Number)

14 Barnette

5. Full Name of Mother

Mary Divalin

6. Mother's Maiden Name

Mary Barovich

7. Mother's Birthplace

Balt

8. Full Name of Father

Divalin

9. Father's Occupation

Produce Dealer

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

Edw. J. Nicholson

Address

279. W. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Mul. att.*

3. Date of Birth *Aug. 24<sup>th</sup> '79*

4. Place of Birth (Street and Number) *336 N. Durham St*

5. Full Name of Mother *Mary Magdaline Fisher*

6. Mother's Maiden Name *Tyler*

7. Mother's Birthplace *Ind. City, Ind.*

8. Full Name of Father *Charles Fisher*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this return

*W. B. O'Reilly, M.D.*

Address

*238 N. Potomac Ave.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33093

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6* *Mary Wilson gave birth to a*  
1. Sex (state whether Male or Female) *Female* *child between twelve and 1*  
2. Race or Color (if not of the white race) *blond* *collar*  
3. Date of Birth *24<sup>th</sup> of August 1879*  
4. Place of Birth (Street and Number) *15<sup>th</sup> North Dallas Street*  
5. Full Name of Mother *Mary Wilson*  
6. Mother's Maiden Name *Mary Evans*  
7. Mother's Birthplace *Md*  
8. Full Name of Father *Leurs Wilson*  
9. Father's Occupation *Labourer*  
10. Father's Birthplace *Md*  
Name of Medical Attendant, or other Person who makes this Return. *Oliver Chapman*  
Address  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether Male or Female)

Male  
White

2. Race or Color (if not of the white race)

3. Date of Birth

August. 24<sup>th</sup>

4. Place of Birth (Street and Number)

William st. 146

5. Full Name of Mother

Lisette Crossman Realey

6. Mother's Maiden Name

" Crossman

7. Mother's Birthplace

Germany

8. Full Name of Father

Walter Realey

9. Father's Occupation

Photographer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catherine Horner

Address

No. 100. west. street

Remarks

# RETURN OF A BIRTH.

33095

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 24

4. Place of Birth (Street and Number) Garg East ally No 35

5. Full Name of Mother Ann Maria Middleton

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father Thedrick Gatz

9. Father's Occupation John Berins

10. Father's Birthplace purtans

Name of Medical Attendant, or other Person who makes this Return. Baltimore Gatz

Address

Remarks

or person  
Baltimore, she  
of birth, and

hat any physician, accoucheur, midwife, or other person, who is present at the birth of any child, within the six days thereafter, stating distinctly

# RETURN OF A BIRTH.

33093

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

Colored

August 24

Garghet ally No 35

Ann Maria Middleton

Frederick City

John Bertram

porter

Baltimore City

Clark Sonnet



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female  
colored

2. Race or Color (if not of the white race)

3. Date of Birth

august 3d

4. Place of Birth (Street and Number)

Reaborg st.

139

5. Full Name of Mother

Rachel green residence

Balto. Md.

6. Mother's Maiden Name

Rachel green

7. Mother's Birthplace

8. Full Name of Father

Charlie Hamkins  
bookman

9. Father's Occupation

Washington

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Eliza Cornish

Address

105 Honey Lane

Remarks

Full name, nativity, and residence of children.

Age of the mother at the time of the birth.

born of the

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 24<sup>th</sup> 1879

4. Place of Birth (Street and Number)

252 S. Eutaw St.

5. Full Name of Mother

Jennie Ehrhardt,

6. Mother's Maiden Name

" Eclehardt,

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Geo Ehrhardt,

9. Father's Occupation

Paper hanger

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this return

R. J. N. Tall. M. D.

Address

152 Sharp St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child.*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race)  
3. Date of Birth *Aug 24<sup>th</sup> 1879.*  
4. Place of Birth (Street and Number) *252 S. Eulaw St.,*  
*Jennie Ehrhardt,*  
5. Full Name of Mother *Eckhardt,*  
6. Mother's Maiden Name *Balto. City*  
7. Mother's Birthplace *Geo. Ehrhardt,*  
8. Full Name of Father *Paper hanger*  
9. Father's Occupation *Balto. City.*  
10. Father's Birthplace *R. J. N. Tall. M. D.*  
Name of Medical Attendant, or other Person who makes this return *152 Sharp St.,*  
Address  
Remarks

# RETURN OF A BIRTH.

33098

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 24th 1879*

4. Place of Birth (Street and Number) *No 3911 Pennsylvania Av. Balt.*

5. Full Name of Mother *Sarah Ann Bueschel*

6. Mother's Maiden Name *" " Popke*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *Gustav Bueschel*

9. Father's Occupation *Retail Grocer*

10. Father's Birthplace *Pr. Minden Germany*

Name of Medical Attendant, or other Person who makes this Return. *Pembroke St. Wounded Ind.*

Address *No 203 W. Lombard St. Baltimore Md.*

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33099

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 24th 1879*

4. Place of Birth (Street and Number) *No. 205 St. Lombard St. Balt.*

5. Full Name of Mother *Mary Jane Keenan*

6. Mother's Maiden Name " " *Slabaugh.*

7. Mother's Birthplace *Cumberland, Md.*

8. Full Name of Father *Henry Keenan*

9. Father's Occupation *Wholesale Provision*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *Permit to Mr. H. Noble Md.*

Address *203 St. Lombard St. Baltimore Md.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

august 24 1879

4. Place of Birth (Street and Number)

202 delaware st. canton

5. Full Name of Mother

Kennetha hartford

6. Mother's Maiden Name

Kennetha zahely

7. Mother's Birthplace

Baltimore city

8. Full Name of Father

William hartford

9. Father's Occupation

laborer

10. Father's Birthplace

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Richard M. Garrett

Address

65 buck st

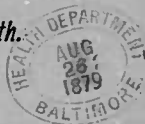
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Males

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 24, 1879

4. Place of Birth (Street and Number)

Baltimore Charles St 253

5. Full Name of Mother

Lydia Gosnell

6. Mother's Maiden Name

Hammond

7. Mother's Birthplace

Frederick County Pa

8. Full Name of Father

John Gosnell

9. Father's Occupation

Fireman

10. Father's Birthplace

Carroll County Pa

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Scarborough

Address

No 220 Montgomery St Balti

Remarks

two fine twins. doing very well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Brown complexion*
3. Date of Birth *August 24<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *61 Davis Street*
5. Full Name of Mother *Susan Fitzhugh West*
6. Mother's Maiden Name *" Fitzhugh*
7. Mother's Birthplace *Richmond Co Va*
8. Full Name of Father *William West*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address *#6 Hamilton St*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 24/79

4. Place of Birth (Street and Number)

21 E. Fayette St

5. Full Name of Mother

Eliz. A. Strahan

6. Mother's Maiden Name

" " Beach

7. Mother's Birthplace

Balt.

8. Full Name of Father

James B. Strahan

9. Father's Occupation

Currer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Edward P. McDevitt

Address

137 E. E. W. St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 24 - 1879

4. Place of Birth (Street and Number) 114 S. Gallery St.

5. Full Name of Mother Ellen Huntley

6. Mother's Maiden Name Ellen M. Jordan

7. Mother's Birthplace Here only

8. Full Name of Father John Huntley

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Dr. J. M. D. Brune

Address 114 S. Gallery St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33105

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 24 1879
4. Place of Birth (Street and Number) 184 N. High st
5. Full Name of Mother Elizabeth Minard
6. Mother's Maiden Name Elizabeth Specker
7. Mother's Birthplace Pennsylvania
8. Full Name of Father William Minard
9. Father's Occupation Distiller
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Isppleatus MD
- Address 133 N. York st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth 24th of August

4. Place of Birth (Street and Number) Green St.

5. Full Name of Mother Laura Williams

6. Mother's Maiden Name Welch

7. Mother's Birthplace Baltimore

8. Full Name of Father Albert Williams

9. Father's Occupation Operator

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 319 Cathedral St.

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



33107

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 23<sup>rd</sup> 1879

4. Place of Birth (Street and Number)

Baltimore East 4<sup>th</sup> 124

5. Full Name of Mother

Jane Michel

6. Mother's Maiden Name

Lesmon

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Samuel Michel

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. C. Mitchell

Address

No. 140 Ramsey St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33108

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Monday 25: 1879*
4. Place of Birth (Street and Number) *North West Corner Orleans + Durham St.*
5. Full Name of Mother *Mrs. Georgia Keller*
6. Mother's Maiden Name *Miss Georgia Deitz*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Mr. Frederick Keller*
9. Father's Occupation *Tavern Keeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Wm H. Glendinen M.D.*
- Address *No. 102 North Broadway*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33109

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *28th August 1879*  
 4. Place of Birth (Street and Number) *193 Hanover St.*  
 5. Full Name of Mother *Sophie Thompson*  
 6. Mother's Maiden Name *Annie Rash*  
 7. Mother's Birthplace *West Co. Md.*  
 8. Full Name of Father *John Wm. Thompson*  
 9. Father's Occupation *Sailor*  
 10. Father's Birthplace *St. Matthews Co. Virginia*  
 Name of Medical Attendant, or other Person who makes this Return. *Wm. Caskey*  
 Address *134 Dearborn St*  
 Remarks *Dying freely*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 25<sup>th</sup> August
4. Place of Birth (Street and Number) No 57 Orchard St
5. Full Name of Mother Annie Kixman
6. Mother's Maiden Name Anna Walk
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Kixman
9. Father's Occupation Second hand Iron
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Dora Hilligant
- Address No 189 Hart Monument St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
August 1878  
39 McHenry St.  
Mary E. Bush  
" " Willis  
Tullock Co. Md.  
Mr. Bush  
Mechanic  
Baltimore  
L. L. Spencer M.D.  
379 W. Lombard St.

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33112

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 7
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August. 25
4. Place of Birth (Street and Number) Calton ave to 419
5. Full Name of Mother Amanda Hewick
6. Mother's Maiden Name Helwig
7. Mother's Birthplace Germany
8. Full Name of Father Fredrick Hewick
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs E Tracy
- Address 193 S Chester
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *male*
  2. Race or Color (if not of the white race) *white*
  3. Date of Birth *August 25<sup>th</sup> 1879*
  4. Place of Birth (Street and Number) *No. 377 Fallas st*
  5. Full Name of Mother *Est. Anna Fleckenstein*
  6. Mother's Maiden Name *Anna. F. Charsman*
  7. Mother's Birthplace *Germany*
  8. Full Name of Father *John Fleckenstein*
  9. Father's Occupation *Sailor*
  10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. H. H. H. H. H.*
- Address *No 182 E Monument st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33114

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child



1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 25<sup>th</sup>

4. Place of Birth (Street and Number)

36 S. Merint St

5. Full Name of Mother

Mary J Brady

6. Mother's Maiden Name

Mary Doyle

7. Mother's Birthplace

Ireland

8. Full Name of Father

Thomas J Brady

9. Father's Occupation

Dealer in Groceries

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Linder

Address

45 Monroe St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third -*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 25th 1879*
4. Place of Birth (Street and Number) *360 McKim St*
5. Full Name of Mother *Laura A Harrison*
6. Mother's Maiden Name *Enoo*
7. Mother's Birthplace *Delaware*
8. Full Name of Father *Mr Kilgore Harrison*
9. Father's Occupation *Bookster*
10. Father's Birthplace *Primer George C Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Hester M.D.*
- Address *500 S. Fayette & Calhoun St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11  
1. Sex (state whether Male or Female) mf  
2. Race or Color (if not of the white race) 100  
3. Date of Birth Aug 25 79  
4. Place of Birth (Street and Number) 140 Hughes St  
5. Full Name of Mother Mary Kattenbach  
6. Mother's Maiden Name Wagner  
7. Mother's Birthplace Balto  
8. Full Name of Father John Kattenbach  
9. Father's Occupation Diamond Cutter  
10. Father's Birthplace Balto  
Name of Medical Attendant, or other Person who makes this Return. D. J. McNew  
Address 154 Sharp  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33117

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 25th

4. Place of Birth (Street and Number)

27 Wamoy St

5. Full Name of Mother

Mary Mannis

6. Mother's Maiden Name

" Muller

7. Mother's Birthplace

Ireland

8. Full Name of Father

Michael Mannis

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return

Rev Mary Conigan

Address

No 112 West St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

23118

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Aug. 25/79.
4. Place of Birth (Street and Number) 109 W. Pine St.,
5. Full Name of Mother Caroline J. Spicker,
6. Mother's Maiden Name Philmeier
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Charles H. Spicker
9. Father's Occupation Teacher,
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. H. R. Dutterhoff, M.D.
- Address 77 George St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Aug 26 1879  
S. Wolf str 36  
Barbara Treigler  
Schmidt  
Baltimore  
Alphonse Treigler  
Seamankeeper  
Baltimore  
Wm. John Brownish  
S. Wolf str 28  
Wm. J. Brownish

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38120

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 5th August
4. Place of Birth (Street and Number) 26 Holliday
5. Full Name of Mother Bridget Diveny
6. Mother's Maiden Name " Burke
7. Mother's Birthplace England
8. Full Name of Father Michael Diveny
9. Father's Occupation Working man
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Sarah Carter
- Address 53 E. Lombard
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_ You
1. Sex (state whether Male or Female) \_\_\_\_\_ You
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ August 26 1899
4. Place of Birth (Street and Number) \_\_\_\_\_ in Little George & N. Church St.
5. Full Name of Mother \_\_\_\_\_ Frances Wenger
6. Mother's Maiden Name \_\_\_\_\_ " Willinger
7. Mother's Birthplace \_\_\_\_\_ Prussia
8. Full Name of Father \_\_\_\_\_ Joseph Wenger
9. Father's Occupation \_\_\_\_\_ Eng - ship. Master
10. Father's Birthplace \_\_\_\_\_ Prussia
- Name of Medical Attendant, or other Person who makes this return \_\_\_\_\_ J. M. Morris
- Address \_\_\_\_\_ J. Franklin St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33122

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth August 26<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) No. 460 Light  
 5. Full Name of Mother Ella G. Parks  
 6. Mother's Maiden Name Ella G. Johnson  
 7. Mother's Birthplace Baltimore city  
 8. Full Name of Father Edward G. Parks  
 9. Father's Occupation Labourer  
 10. Father's Birthplace Baltimore city  
 Name of Medical Attendant, or other Person who makes this Return, Elizabeth Hinton  
 Address East Ave. No. 121  
 Remarks

RECEIVED  
AUG 29 1879  
VITAL STATISTICS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

26 of August

4. Place of Birth (Street and Number)

20 Corner Patterson & Canton

5. Full Name of Mother

Aemie Heimer

6. Mother's Maiden Name

11 Hellerman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Heimer

9. Father's Occupation

Saloon

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Wiley

Address

No 12 Patterson Park Dr

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33124

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>. child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 30<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Baltimore Ave & Whitcomb*
5. Full Name of Mother *Maggie Gillis*
6. Mother's Maiden Name *Maggie Gillis*
7. Mother's Birthplace *Baltimore & Md*
8. Full Name of Father *C. F. Gillis*
9. Father's Occupation *Coal Dealer*
10. Father's Birthplace *Baltimore Conty Md*
- Name of Medical Attendant, or other Person who makes this Return. *D. H. Harris M.D.*
- Address *Co. Street & Pikes*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Female*
  2. Race or Color (if not of the white race) *white*
  3. Date of Birth *August 26 1879*
  4. Place of Birth (Street and Number) *135 Edmondson Ave.*
  5. Full Name of Mother *Lena Brinkley*
  6. Mother's Maiden Name *Lena P. Wise*
  7. Mother's Birthplace *Baltimore*
  8. Full Name of Father *Mr H. Brinkley*
  9. Father's Occupation *Merchant*
  10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. H. H. H.*
- Address *121 W. Harwood St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 26 1879
4. Place of Birth (Street and Number) 1117 N. Charles St.
5. Full Name of Mother Amelia Brooks
6. Mother's Maiden Name Amelia Schell
7. Mother's Birthplace Baltimore
8. Full Name of Father W. K. Brooks
9. Father's Occupation Professor of Physiology
10. Father's Birthplace W. Va. 1829
- Name of Medical Attendant, or other Person who makes this Return. J. M. L. Schell
- Address 121 N. Howard St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35127

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) W  
3. Date of Birth Aug 26 79  
4. Place of Birth (Street and Number) 240 Light  
5. Full Name of Mother Mary Ryan  
6. Mother's Maiden Name Ryan  
7. Mother's Birthplace Balto  
8. Full Name of Father Martin Ryan  
9. Father's Occupation Transportation Agent  
10. Father's Birthplace Balto.  
Name of Medical Attendant, or other Person who makes this Return. L. J. McKeown M.D.  
Address 154 Church  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33128

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

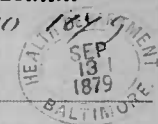
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White race
3. Date of Birth Aug 26 1879
4. Place of Birth (Street and Number) Orleans St 81
5. Full Name of Mother Rose Rath
6. Mother's Maiden Name Eckler
7. Mother's Birthplace Bata Md
8. Full Name of Father Daniel Rath
9. Father's Occupation Police
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Wiley
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 26 August 1879
4. Place of Birth (Street and Number) 182 Dallas St
5. Full Name of Mother Mary Brill
6. Mother's Maiden Name Mary Fisher
7. Mother's Birthplace Baltimore
8. Full Name of Father Hermon Phillip Brill
9. Father's Occupation Barber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address Same of Child Charles Fisher Brill
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> Girl
1. Sex (state whether male or female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 26<sup>th</sup> August 1879 Baltimore m.d.
4. Place of Birth (Street and Number) 137. Fremont St. Colatenbach
5. Full Name of Mother Mary Lamp
6. Mother's Maiden Name Mary Esont.
7. Mother's Birthplace Pena City Konigreich Sachsen
8. Full Name of Father Paul Konstantin Lamp
9. Father's Occupation Lager Beer and Restaurant
10. Father's Birthplace City Dalherda Bararia
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address Amc Damlar 66 Schuler St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33131

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Aug. 24, 1879*
4. Place of Birth (Street and Number) *No 100 S. L. W. Ham St*
5. Full Name of Mother *Elizabeth Moore*
6. Mother's Maiden Name *Elizabeth Griffin*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Alexander Moore*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Lucien Morgan M.D.*
- Address *1247 N. Duham St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W.
3. Date of Birth August 26<sup>th</sup> 1879.
4. Place of Birth (Street and Number) Greene Court No. 1.
5. Full Name of Mother Margaret Child.
6. Mother's Maiden Name Theresa Demmick.
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father John Child.
9. Father's Occupation Boatman.
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. Thomas Brown
- Address No. 114 Battery St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
1. Sex (state whether Male or Female) female  
2. Race or Color (if not of the white race) colored  
3. Date of Birth August 26 1879  
4. Place of Birth (Street and Number) No 9 Morris al  
5. Full Name of Mother Carrie Underdue  
6. Mother's Maiden Name Carrie Perce  
7. Mother's Birthplace Balto City  
8. Full Name of Father Wm Underdue  
9. Father's Occupation Laborer  
10. Father's Birthplace Leetons Burch Va  
Name of Medical Attendant, or other Person who makes this Return. Chas H. Proctor  
Address No 10 Carlton st  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 26 August
4. Place of Birth (Street and Number) 157 Buren St
5. Full Name of Mother Clara Thompson
6. Mother's Maiden Name Barley
7. Mother's Birthplace Virginia
8. Full Name of Father Joseph Thompson
9. Father's Occupation Seaboard
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Isabella J. Christie
- Address No 7 Garret Place
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26 August
4. Place of Birth (Street and Number) 85 Greenmount Ave
5. Full Name of Mother Ellie Rhinehart
6. Mother's Maiden Name McGraw
7. Mother's Birthplace Baltimore
8. Full Name of Father Frederick Rhinehart
9. Father's Occupation Lager Beer Worker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm J. Harrison
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26 August
4. Place of Birth (Street and Number) 200 Central Ave
5. Full Name of Mother Florence Chares
6. Mother's Maiden Name Armiger
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Chares
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. H. H.
- Address No 7 Farwell Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33137

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 26<sup>th</sup> 1879.
4. Place of Birth (Street and Number) No. 59 Bantalone St
5. Full Name of Mother Matilda Reamar.
6. Mother's Maiden Name Matilda Zapt
7. Mother's Birthplace Germany.
8. Full Name of Father August Reamar.
9. Father's Occupation Laborer.
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Catherine Doll.
- Address No. 57 Bantalone St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32138

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *second,*
1. Sex (state whether Male or Female) *Female,*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug. 26/79.*
4. Place of Birth (Street and Number) *121 N. Strickland St.*
5. Full Name of Mother *Allice Wilson*
6. Mother's Maiden Name *Biggs*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Fort. E. Wilson*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *N. K. Lutterhoff M.D.*
- Address *77 George St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No 4 child of mother*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *August 26 1879*
4. Place of Birth (Street and Number) *Harford County Md*
5. Full Name of Mother *Anna Williams*
6. Mother's Maiden Name *Anna Linn*
7. Mother's Birthplace *Harford County Md*
8. Full Name of Father *John E. Williams*
9. Father's Occupation *hard labor*
10. Father's Birthplace *Howard County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Ellen Starks H. Starks*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6. 5. 4. d.*
1. Sex (state whether male or female) *Two Males*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *August 27. d. 1879*
4. Place of Birth (Street and Number) *356 Mt. Vernon St.*
5. Full Name of Mother *Friedrich Scheiermann*
6. Mother's Maiden Name *Fr. Scholl*
7. Mother's Birthplace *Germane*
8. Full Name of Father *Nikol Scheiermann*
9. Father's Occupation *Kabender*
10. Father's Birthplace *Germane*
- Name of Medical Attendant, or other Person who makes this Return. *H. R. Rudiger*
- Address *134 Bond St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 27<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *155 Madam's Alley*
5. Full Name of Mother *Ruigunda Gummert*
6. Mother's Maiden Name *Woner*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Thos Gummert*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*
- Address *245 Canton Ave*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth August 27<sup>th</sup> 1879
4. Place of Birth (Street and Number) 67 Harrison str.
5. Full Name of Mother Pauline Rabouovig
6. Mother's Maiden Name " Sammel
7. Mother's Birthplace Russia
8. Full Name of Father Meyer Rabouovig
9. Father's Occupation Store-keeper
10. Father's Birthplace Russia
- Name of Medical Attendant, or other Person who makes this return Mrs. C. Bernstein
- Address 113 E. Lombard str.
- Remarks



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2  
Female

27 May. 1899  
53 Fawn St.

Calli Sanders

Hendricks  
Queen Ann County Md  
Thomas Sanders

Ice Trader

Baltimore

Mary Stein

151 E Pratt

331414



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 27 August 1879
4. Place of Birth (Street and Number) 48 Lombard St
5. Full Name of Mother Carrie McQuire
6. Mother's Maiden Name Gilbs
7. Mother's Birthplace U.S.
8. Full Name of Father Andrew McQuire
9. Father's Occupation Salver
10. Father's Birthplace U.S.
- Name of Medical Attendant, or other Person who makes this Return. Sarah Carter
- Address 53 E. Lombard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 27 August 1879
4. Place of Birth (Street and Number) 5 Front St.
5. Full Name of Mother Winnie Daily
6. Mother's Maiden Name Hunter
7. Mother's Birthplace M. S.
8. Full Name of Father John Daily
9. Father's Occupation Shoemaker
10. Father's Birthplace M. S.
- Name of Medical Attendant, or other Person who makes this Return. Sarah Casper
- Address 5 S. E. Lombard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race)
3. Date of Birth 27 August 1879
4. Place of Birth (Street and Number) 292 Bow St.
5. Full Name of Mother Dora Spellman
6. Mother's Maiden Name Carr
7. Mother's Birthplace Me.
8. Full Name of Father John Spellman
9. Father's Occupation Workman
10. Father's Birthplace Me.
- Name of Medical Attendant, or other Person who makes this Return. Sarah Casper
- Address 52 E. Camden
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 27 August 1879
4. Place of Birth (Street and Number) 7 Dunlap Alley
5. Full Name of Mother Leana Slaughter
6. Mother's Maiden Name Eiscaroth
7. Mother's Birthplace Germany
8. Full Name of Father William Slaughter
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sarah Casper
- Address 52 E. Lombard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Augt 24<sup>th</sup> 99
4. Place of Birth (Street and Number) No 77 N. Bond
5. Full Name of Mother Emma Luise
6. Mother's Maiden Name Emma Kneibler
7. Mother's Birthplace Prussia
8. Full Name of Father Harry Thuesen
9. Father's Occupation Saloon
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Oliver H. Higgins
- Address 2018 E. Monument St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

33130  
AUG 29 1879  
August 27th 1879.  
St. Mary's St.  
Jas. Ada Stapleton.  
Jas. Ada Stapleton.  
Baltimore City.  
Richard Stapleton.  
Baggage Master.  
Baltimore City.  
John R. Wright, M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33157

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 27. 1879  
218 Genes St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Clara Johnston

6. Mother's Maiden Name

Clara Maloney

7. Mother's Birthplace

Balt.

8. Full Name of Father

Edmund Johnston

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

J. M. Wilson

Address

287 Mail. Ave.

Remarks

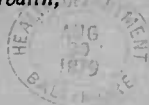


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33152

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 27th

4. Place of Birth (Street and Number) 412 Division St

5. Full Name of Mother Kate Suter

6. Mother's Maiden Name Kate Kelly

7. Mother's Birthplace Ireland

8. Full Name of Father George Suter

9. Father's Occupation Car Driver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas E Sadtler M.D.

Address 649 Perma Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 27th August 1879 St. Lea and Bond
4. Place of Birth (Street and Number) Baltimore
5. Full Name of Mother Mary Mahone
6. Mother's Maiden Name M
7. Mother's Birthplace Germany
8. Full Name of Father Frederick Mahone
9. Father's Occupation Tractor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return, Mary Koplich
- Address 69 Washington St
- Remarks Mary Koplich

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33164

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



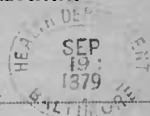
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *27 August 1879*
4. Place of Birth (Street and Number) *No 2 Mullin's St East*
5. Full Name of Mother *Martha Allen*
6. Mother's Maiden Name
7. Mother's Birthplace *Papier Island*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Doctor William*
- Address *No 70 Thos Mt St*
- Remarks *Mother and Child doing well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33153



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Tenth.*
1. Sex (state whether male or female) *female.*
2. Race or Color (if not of the white race) *white.*
3. Date of Birth *27. of August.*
4. Place of Birth (Street and Number) *711 Vernon st.*
5. Full Name of Mother *Atillia Groh.*
6. Mother's Maiden Name *Atillia Backer.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Gahn Groh.*
9. Father's Occupation *laboring man.*
10. Father's Birthplace *Germany.*

Name of Medical Attendant, or other Person who makes this Return.

Address *Am. Dumber 60 Liberator St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33156

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Sixth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 27<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *561 N. Fremont St.*
5. Full Name of Mother *Sophia Elizabeth Green.*
6. Mother's Maiden Name *Robinson*
7. Mother's Birthplace *Balta. Co.*
8. Full Name of Father *Milton W. Green*
9. Father's Occupation *Manufacturer of mill picks & facing lammers.*
10. Father's Birthplace *Balta. Co.*
- Name of Medical Attendant, or other Person who make this Return. *J. Christian M.D.*
- Address *431 Penna. Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

33157  
Fourth  
Male  
White  
August 27, 1879  
300 S. Carey St.  
Annie M. Carey  
Taylor  
Baltimore  
Benjamin F. Carey  
Shoemaker  
Baltimore  
John Hood M.D.  
211 Carey St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 27<sup>th</sup> 1879

4. Place of Birth (Street and Number) 94 S. Ann St. Bal.

5. Full Name of Mother Maria Daniel

6. Mother's Maiden Name Maria Ryan

7. Mother's Birthplace Ireland

8. Full Name of Father John Burner

9. Father's Occupation Printer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James C. H. Spradley M.D.

Address 2916 Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 28 1879

4. Place of Birth (Street and Number)

50 West St

5. Full Name of Mother

Male Morgan

6. Mother's Maiden Name

Martino

7. Mother's Birthplace

Bo Annerundel Co

8. Full Name of Father

Geo F Morgan

9. Father's Occupation

Sea Captain

10. Father's Birthplace

Cambridge

Name of Medical Attendant, or other Person who makes this Return.

Mrs Am Ash

Address

Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 28<sup>th</sup> 1879

4. Place of Birth (Street and Number)

236 S. Durham St

5. Full Name of Mother

Selma Critzmann

6. Mother's Maiden Name

Gulhaert

7. Mother's Birthplace

Germany

8. Full Name of Father

Otto Critzmann

9. Father's Occupation

Driver

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

And any physician, midwife, or other person who has attended the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33161

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 28, 1879

4. Place of Birth (Street and Number)

136 Calhoun St. Balto. Md.

5. Full Name of Mother

Louisa Cook

6. Mother's Maiden Name

Louisa Grant

7. Mother's Birthplace

Balto. Md.

8. Full Name of Father

James Cook

9. Father's Occupation

Engl. Mch. Bush Mchng.

10. Father's Birthplace

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

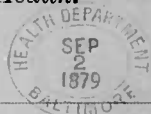
Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *august 28 1879*
4. Place of Birth (Street and Number) *98 lucerne St*
5. Full Name of Mother *sarah jane mck*
6. Mother's Maiden Name *sarah jane harris*
7. Mother's Birthplace *baltimore city*
8. Full Name of Father *thomas mck*
9. Father's Occupation *carriage maker*
10. Father's Birthplace *baltimore city mistake*
- Name of Medical Attendant, or other Person who makes this Return. *leachel ann garrett*
- Address *65 bush St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

25163

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 28<sup>th</sup> 1879

4. Place of Birth (Street and Number)

94 Centre St

5. Full Name of Mother

Hannah Baulz

6. Mother's Maiden Name

" Torpy

7. Mother's Birthplace

Ireland

8. Full Name of Father

Michael Baulz

9. Father's Occupation

Cook

10. Father's Birthplace

Alsace

Name of Medical Attendant, or other Person who makes this Return.

H. D. Barker M.D.

Address

152 Madison St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 10-17-56  
RETURN OF A BIRTH.

33164

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mary Curry Garrison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth 28 of August

1879

4. Place of Birth (Street and Number)

18 Chesler St

5. Full Name of Mother

Charlotte Garrison

6. Mother's Maiden Name

Curry

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edwin Garrison

9. Father's Occupation

Calkes

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address

No 13 Patterson Park, Av

Remarks

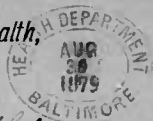


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33165

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2. # Child.*  
1. Sex (state whether Male or Female) *Female.*  
2. Race or Color (if not of the white race) *White.*  
3. Date of Birth *25<sup>th</sup> of August 1879.*  
4. Place of Birth (Street and Number) *374 Saratoga near Fremont.*  
5. Full Name of Mother *Lizzie Cladathoff.*  
6. Mother's Maiden Name *" Quill.*  
7. Mother's Birthplace *Europe.*  
8. Full Name of Father *Henry Cladathoff.*  
9. Father's Occupation *Liquor Dealer.*  
10. Father's Birthplace *Baltimore, Md.*  
Name of Medical Attendant, or Other Person who makes this Return. *(M) Sommerfeldt*  
Address *Res. Che.*  
Remarks *Katzen.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *August 28<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *Baltimore, Hamburg St No 52*  
5. Full Name of Mother *Mary Ann Hooper*  
6. Mother's Maiden Name *" " Younger*  
7. Mother's Birthplace *Calvert County Md.*  
8. Full Name of Father *Wm Hooper*  
9. Father's Occupation *Sailor*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Mr Elizabeth Scarborough*  
Address *No 220 Montgomery St Balt*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33167

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup> Child.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 28<sup>th</sup> 1879.

4. Place of Birth (Street and Number) 213 David Hill St.

5. Full Name of Mother Virginia Mason.

6. Mother's Maiden Name Filmer.

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Charles Mason.

9. Father's Occupation Book Keeper.

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. Walton Smith, M.D.  
30 N. Filmer St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33165

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 28<sup>th</sup> 1879

4. Place of Birth (Street and Number) 227 E. Fisher St.

5. Full Name of Mother Margaret A. Parker

6. Mother's Maiden Name Therese

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Charles D. Parker

9. Father's Occupation Minister

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. Patton White, M.D.  
30 E. Fisher St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Female.

White.

August 28.

Baltimore, Md.

Marshall Street.

Nichols.

Baltimore.

Michael Alfred Nichols.

Physician.

Physician.

Physician.

Michael Alfred Nichols.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33170

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 28th 1879*

4. Place of Birth (Street and Number) *134 S. Calhoun St*

5. Full Name of Mother *Annie Gill*

6. Mother's Maiden Name *Six*

7. Mother's Birthplace *Baltimore County Md*

8. Full Name of Father *Richard Stephenson Gill*

9. Father's Occupation *Farmer*

10. Father's Birthplace *Baltimore Co. Md*

Name of Medical Attendant, or other Person who makes this Return. *Wm. McGuire M.D.*

Address *Mrs. Fayette S. Calhoun St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) boy

2. Race or Color (if not of the white race) White

3. Date of Birth 28<sup>th</sup> August 1879

4. Place of Birth (Street and Number) Baltimore German My St

5. Full Name of Mother Barbara Helmonsky

6. Mother's Maiden Name Poland Emma

7. Mother's Birthplace Germany

8. Full Name of Father Charles Helmonsky

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kappel

Address 69 W. Maryland St

Remarks Mary Kappel

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*  
1. Sex (state whether male or female) *male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Aug 28 1879*  
4. Place of Birth (Street and Number) *Gay St # 293*  
5. Full Name of Mother *Augusta Muntz*  
6. Mother's Maiden Name *11 Koch*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *August Muntz*  
9. Father's Occupation *Book maker*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Rose Helling*  
Address *48 Hollands St*  
Remarks

That any physician, accoucheur, midwife, or other person to charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33173

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 28<sup>th</sup> 1879
4. Place of Birth (Street and Number) Guogh St 9
5. Full Name of Mother 11 Wheel
6. Mother's Maiden Name Annie Dean
7. Mother's Birthplace Pennym Pennsylvania
8. Full Name of Father Henry Paul
9. Father's Occupation Carpenter
10. Father's Birthplace Canoner
- Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Volcy
- Address 48 E 10<sup>th</sup> St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child female*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *28th of August 1878*
3. Date of Birth *Baltimore*
4. Place of Birth (Street and Number) *Mrs Emma Gray*
5. Full Name of Mother *Emma Campbell*
6. Mother's Maiden Name *On the City of Balto. Oct 18. 61*
7. Mother's Birthplace *A Quinpton Gray*
8. Full Name of Father *A Black Driver*
9. Father's Occupation *On Calvert County Md. 17th of March 1856*
10. Father's Birthplace *Mrs Widdow Lockman*
- Name of Medical Attendant, or other Person who makes this Return. *Dr 41*
- Address *He Wilcox St Extended*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 28

4. Place of Birth (Street and Number) No. 155

5. Full Name of Mother Mary W. Connell

6. Mother's Maiden Name Mary Duke

7. Mother's Birthplace America

8. Full Name of Father Thomas W. Connell

9. Father's Occupation Laborer

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Elinor Fleming

Address 95 Abbeville st

Remarks Healthy



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 28 / 1879

4. Place of Birth (Street and Number) Harbert Street

5. Full Name of Mother Augusta Vary

6. Mother's Maiden Name Barbra Etzel

7. Mother's Birthplace Germany

8. Full Name of Father William Polyzon

9. Father's Occupation carber

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Barbra Etzel

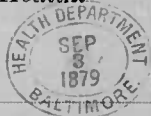
Address \_\_\_\_\_

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) M
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth August 28. 1879.
4. Place of Birth (Street and Number) 299 A. Cross St
5. Full Name of Mother Martha Cassidy
6. Mother's Maiden Name Mitchell
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father John Cassidy
9. Father's Occupation Knacker
10. Father's Birthplace Baltimore, Md
- Name of Medical Attendant, or other Person who makes this Return. L. C. Gordon, M.D.
- Address 311 N. Broadway.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether male or female) \_\_\_\_\_
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *August 28. 1879.*
  4. Place of Birth (Street and Number) *Mc. Clary St. No. 48.*
  5. Full Name of Mother *Margaretta Hammelbacher*
  6. Mother's Maiden Name *Margaretha Burkhard*
  7. Mother's Birthplace *Behringersdorf, N. Bayern, Germany*
  8. Full Name of Father *Georg Hammelbacher*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Hallendorf, N. Bayern, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Harry E. Müller*
- Address *N. Dallas St. No. 26.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. ~~Race or Color~~ (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Child  
Female

Aug 28<sup>th</sup> 1879

103 Conway St  
Matilda Michel

" Miller  
Baltimore

Michel

Ministers

Baltimore

Mary Cook  
321 South Ender St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth August 28 1879
4. Place of Birth (Street and Number) 5 S. Mount St
5. Full Name of Mother Angelica Caldwell Warner
6. Mother's Maiden Name Angelica Caldwell
7. Mother's Birthplace Ind
8. Full Name of Father Quintus Warner
9. Father's Occupation Teller
10. Father's Birthplace Ind
- Name of Medical Attendant, or other Person who makes this Return. James Roden M.D.
- Address 317 Hollins St. Baltimore
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2nd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug. 28th 1879*

4. Place of Birth (Street and Number) *405 E. Baltimore St.*

5. Full Name of Mother *Merrion Catherine Blake*

6. Mother's Maiden Name *" " Holcott*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Charles D. Blake*

9. Father's Occupation *House Builder*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *E. J. Evans M.D.*

Address *406 E. Baltimore St.*

Remarks

# RETURN OF A BIRTH.

53182

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

W

3. Date of Birth

28<sup>th</sup> August 1879

4. Place of Birth (Street and Number)

13 Warren av.

5. Full Name of Mother

Lavinia Andersson

6. Mother's Maiden Name

Rusack

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Custom House office

9. Father's Occupation

Lithuanian

10. Father's Birthplace

H. W. Welston Jr. M.D.  
57 Barrett

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Not Record of Vital Statistics of the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*

1. Sex (state whether male or female)

*Female*

2. Race or Color (if not of the white race)

3. Date of Birth

*Aug 29<sup>th</sup> 1879*

4. Place of Birth (Street and Number)

*172 S Bethel St*

5. Full Name of Mother

*Anna Schmidt*

6. Mother's Maiden Name

*" Schreiner*

7. Mother's Birthplace

*City*

8. Full Name of Father

*Aug Schmidt*

9. Father's Occupation

*Laborer*

10. Father's Birthplace

*City*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs Elizabeth Betz*

Address

*245 Canton Ave*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex (state whether *Male* or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 27<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *82 S. Madison St*

5. Full Name of Mother *Cecelia Townsend*

6. Mother's Maiden Name *Cecelia Lightner*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *James Park Townsend*

9. Father's Occupation *Quackster*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this return *Nicholas C. Goshill*

Address *227 S. Broadway*

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

33185

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Name of Child: *Etta Tuckerman*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *August 29th 1879*
4. Place of Birth (Street and Number) *132 S. Bond St.*
5. Full Name of Mother *Annie B. Tuckerman*
6. Mother's Maiden Name *" " Riebe*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Lothar Tuckerman*
9. Father's Occupation *grocer*
10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Aug. F. Erisk M.D.*  
*94 N. Broadway*

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38186

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (7)*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth *Aug 29th 1879*  
 4. Place of Birth (Street and Number) *No 20 Maryland*  
 5. Full Name of Mother *Annio Keyser*  
 6. Mother's Maiden Name *in Streetman*  
 7. Mother's Birthplace *Leity*  
 8. Full Name of Father *Louis Keyser*  
 9. Father's Occupation *Blacksmith*  
 10. Father's Birthplace *Leity*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr D. Blake (MD)*  
 Address *133 Scott St*  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race)

3. Date of Birth *23 August 1879*

4. Place of Birth (Street and Number) *2 Front St.*

5. Full Name of Mother *Elizabeth Rehner*

6. Mother's Maiden Name *Stahlfort*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Phillip Jonhagen*

9. Father's Occupation *Merchant Tailor*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Sarah Casper*

Address *52 E. Lomb Ward*

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth August 29

4. Place of Birth (Street and Number) No 54 Exeter st.

5. Full Name of Mother Elizabeth J. Linsey

6. Mother's Maiden Name Elizabeth J. Linsey

7. Mother's Birthplace Baltimore city

8. Full Name of Father Charles F. Watson

9. Father's Occupation House painter

10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. W. J. Sunset Bayless

Address corner of Truitts street and

Remarks The father and mother not married

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

32189



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *14th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *29th of Aug*
4. Place of Birth (Street and Number) *Bethel St*
5. Full Name of Mother *Susan Roles*
6. Mother's Maiden Name *unknown*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Roles*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Col. Louis S. Eaton*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Caucasian

3. Date of Birth 29th of August 1879

4. Place of Birth (Street and Number) 101 harmony lane

5. Full Name of Mother Louisa Oliver

6. Mother's Maiden Name Louisa Washington

7. Mother's Birthplace Baltimore

8. Full Name of Father Joshua Oliver

9. Father's Occupation Oyster Shucker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lysia Somerville

Address 13 Clinton avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd  
Male  
White  
Aug 29th 1879  
343 Sharp St  
Episcilla M. Baeger  
Episcilla M. Baeger  
Baltimore Md  
J. N. Baeger  
Policeman  
Baltimore Md  
Theodore Cook, M.D.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 29th 79*
4. Place of Birth (Street and Number) *N. W. Cor. Ann & Chew Sts.*
5. Full Name of Mother *Mary Steinale*
6. Mother's Maiden Name *Smith*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *John Steinale*
9. Father's Occupation *Restaurateur*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this return *Dr. B. O. Peck, Md*
- Address *235 N. Maryland*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Cotard*  
 3. Date of Birth *20th of Aug*  
 4. Place of Birth (Street and Number) *Bounty Lane No 3*  
 5. Full Name of Mother *Prissila Stanley*  
 6. Mother's Maiden Name *Prissila M. Downer*  
 7. Mother's Birthplace *Baltimore MD*  
 8. Full Name of Father *Thomas Stanley*  
 9. Father's Occupation *Lumber Piler*  
 10. Father's Birthplace *Cambridge*  
 Name of Medical Attendant, or other Person who makes this Return. *Harriet Britton*  
 Address *No 145 Cr Eden St*  
 Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *brown skin*
3. Date of Birth *29th of august*
4. Place of Birth (Street and Number) *Vine st. No. 258*
5. Full Name of Mother *Matilda Adams Newburg*
6. Mother's Maiden Name *Matilda Adams*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Patrick Newburg*
9. Father's Occupation *Laborer*
10. Father's Birthplace *West Indies*
- Name of Medical Attendant, or other Person who makes this Return. *Lidia Somerville*
- Address *13 Clinton avenue*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33195

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) girl
2. Race or Color (if not of the white race) White
3. Date of Birth 29 August 1879
4. Place of Birth (Street and Number) Baltimore Washington St. N
5. Full Name of Mother Marg Stabin
6. Mother's Maiden Name Mary Hall
7. Mother's Birthplace Germany
8. Full Name of Father John Stabin
9. Father's Occupation labour
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary Hopfisch
- Address 69 Washington
- Remarks M Hospital

121

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33196

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 / 1  
 1. Sex (state whether male or female) girl  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth 29 August 1877  
 4. Place of Birth (Street and Number) Baltimore, Dungan Alley 241  
 5. Full Name of Mother Annie Sherman  
 6. Mother's Maiden Name Annie Hall  
 7. Mother's Birthplace Germany  
 8. Full Name of Father Joseph Sherman  
 9. Father's Occupation Wheel maker  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Mary Kofelish  
 Address 69 ...  
 Remarks Mr. Kofelish

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 9th Mo. August 29th 1879
4. Place of Birth (Street and Number) 157. S. Locust St. Balto. Md.
5. Full Name of Mother Johannah (Laurey) Tyler
6. Mother's Maiden Name Johannah Lahey
7. Mother's Birthplace America
8. Full Name of Father Daniel Tyler
9. Father's Occupation Laborer
10. Father's Birthplace ?
- Name of Medical Attendant, or other Person who makes this Return. Wm. M. Vickers, M.D.
- Address 164 N. Arlington Ave. Cor. Harlem Ave.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes the Return.

Address

Remarks

First

Female

Colored

Born August 24

Baltimore 15119

Annie Williams

41

Saint Mary

Louis Williams

Painter

Saint Mary

Specimens

399 Cambridge St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33199

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Caucasian*

3. Date of Birth *Aug 29th*

4. Place of Birth (Street and Number) *Baltimore No 273*

5. Full Name of Mother *Rose A. Rhimes*

6. Mother's Maiden Name *Thomas*

7. Mother's Birthplace *Charleston*

8. Full Name of Father *John A. Rhimes*

9. Father's Occupation *Sugarer*

10. Father's Birthplace *Charleston*

Name of Medical Attendant, or other Person who makes this Return. *Dr. C. W. Hildreth*

Address *299 Maryland St*

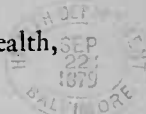
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *27 August*
4. Place of Birth (Street and Number) *Baltimore, Chic ave. No. 10.*
5. Full Name of Mother *Catherine Denny*
6. Mother's Maiden Name *Catherine Hamilton*
7. Mother's Birthplace *Charles County Md.*
8. Full Name of Father *Columbus Denny*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Benedict Md.*
- Name of Medical Attendant, or other Person who makes this return *Barah J. Wilson*
- Address *No 252 Tongue Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 29<sup>th</sup> 1899*

4. Place of Birth (Street and Number) *West Street 11<sup>th</sup> Fl*

5. Full Name of Mother *Martha Hart*

6. Mother's Maiden Name *Martha Marshall*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *W. Hart*

9. Father's Occupation *Pilot*

10. Father's Birthplace *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return *George W. Brown, M.D.*

Address *1114 Baltimore St.*

Remarks

# RETURN OF A BIRTH.

33202

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *August 29th 1879*  
 4. Place of Birth (Street and Number) *No 872 W. Pratt St.*  
 5. Full Name of Mother *Calline Smith*  
 6. Mother's Maiden Name *Calline Mack.*  
 7. Mother's Birthplace *Maryland.*  
 8. Full Name of Father *John Mack.*  
 9. Father's Occupation *Laborer.*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *Catherine Dell.*  
 Address *11557 Barnstable St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33213

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 29<sup>th</sup> 79

4. Place of Birth (Street and Number)

Hanover Mount

5. Full Name of Mother

Felix Haber

6. Mother's Maiden Name

Felix Haber

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Robert Haber

9. Father's Occupation

Restaurant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. H. Houghlin M.D.

Address

203 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 beg Child*

1. Sex (state whether male or female)
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *August 29, 1879*
  4. Place of Birth (Street and Number) *V. Bond St. 14, 81.*
  5. Full Name of Mother *Anna Weber*
  6. Mother's Maiden Name *Anna Gros*
  7. Mother's Birthplace *Baltimore City*
  8. Full Name of Father *Johann Weber*
  9. Father's Occupation *Hone Cutter*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*  
Address *N. Dallas St. 14, 26,*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Second*

1. Sex (state whether male or female)

*Female*

2. Race or Color (if not of the white race)

3. Date of Birth

*29 Aug 1879*

4. Place of Birth (Street and Number)

*272 Lee St*

5. Full Name of Mother

*Elizabeth Ginter*

6. Mother's Maiden Name

*"  
Baltimore"*

7. Mother's Birthplace

8. Full Name of Father

*Julius Ginter*

9. Father's Occupation

*Painter*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Mary Keph*

Address

*328 South Enoch St.*

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st.  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 29th Aug. 1879  
 4. Place of Birth (Street and Number) 450 E. Lombard St.  
 5. Full Name of Mother Gertrude Washington Frankenberg  
 6. Mother's Maiden Name Jones  
 7. Mother's Birthplace Baltimore City  
 8. Full Name of Father John George Frankenberg  
 9. Father's Occupation Signal Operator  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. C. P. Evans M.D.  
 Address 406 E. Baltimore St.  
 Remarks The child's life was lost in consequence of prolapse of funis with compression

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33207

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *African*
3. Date of Birth *Aug. 29/79.*
4. Place of Birth (Street and Number) *50 Greenwillow St.*
5. Full Name of Mother *Martha Wilson*
6. Mother's Maiden Name *Leamon*
7. Mother's Birthplace *Salisbury Md.*
8. Full Name of Father *Charles Wilson*
9. Father's Occupation *Porter*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

*W. H. Thompson, M.D.*  
*41 Orchard St.*

Address

Remarks



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *August 30 1879*
4. Place of Birth (Street and Number) *257 N. Bond St.*
5. Full Name of Mother *Marie Baumgardner*
6. Mother's Maiden Name *M. Limling*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Johan Baumgardner*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mar. R. Rudiger*
- Address *134 N. Bond St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

53209

HEALTH DEPARTMENT  
SEP 2 1879  
BALTIMORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 30th, 4:25 A.M.
4. Place of Birth (Street and Number) 332 Hollin St.
5. Full Name of Mother Carrie Lehman,
6. Mother's Maiden Name Carrie Meeger,
7. Mother's Birthplace Philadelphia,
8. Full Name of Father Charles Lehman,
9. Father's Occupation Artist
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. B. Dwyer, M.D.,
- Address No. 106 Columbia Avenue
- Remarks Child in good physical condition & living.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

23210

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 20th; 11:15 A.M.
4. Place of Birth (Street and Number) N. 131 S. Paca St.
5. Full Name of Mother Allie Roubleson.
6. Mother's Maiden Name Slory
7. Mother's Birthplace Eastern Shore, Maryland
8. Full Name of Father Nadaway Roubleson
9. Father's Occupation Reporter
10. Father's Birthplace Antietam, Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. W. H. D. K. H. H. H.
- Address N. 106 Columbia Avenue
- Remarks Child in good physical condition, living.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32211

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *30<sup>th</sup> August*
4. Place of Birth (Street and Number) *No 34 Covington Street*
5. Full Name of Mother *Catherine Woerner*
6. Mother's Maiden Name *Catherine Paul*
7. Mother's Birthplace *Germany*
8. Full Name of Father *James Woerner*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Pittsburg*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Scarborough*
- Address *No 220 Montgomery Street.*
- Remarks

That any physician, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33212

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 30 1879

4. Place of Birth (Street and Number)

No 58 McHenry St

5. Full Name of Mother

Nettie Caldwell

6. Mother's Maiden Name

Becher

7. Mother's Birthplace

Germany

8. Full Name of Father

Jas Caldwell

9. Father's Occupation

Clerk

10. Father's Birthplace

Liverpool Eng

Name of Medical Attendant, or other Person who makes this Return.

Dr D Blake

Address

133 Fran

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

339.13

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12"  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Aug 15 1879  
 4. Place of Birth (Street and Number) No 86 N. High st  
 5. Full Name of Mother Julia Grubb  
 6. Mother's Maiden Name Julia Grubb  
 7. Mother's Birthplace Germany  
 8. Full Name of Father William Grubb  
 9. Father's Occupation Saloon  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Maria Huthgeist  
 Address No 142 E. Monument st  
 Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33214

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 30th 1879*

4. Place of Birth (Street and Number) *37 Whatever St*

5. Full Name of Mother *Catherine Hawk*

6. Mother's Maiden Name *Harmer*

7. Mother's Birthplace *Pennsylvania*

8. Full Name of Father *Nelson Hawk*

9. Father's Occupation *Market Man*

10. Father's Birthplace  *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Chas. Fawell*

Address *92 N. 1st St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33215

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) 2 females

2. Race or Color (if not of the white race) White

3. Date of Birth August the 30 1879

4. Place of Birth (Street and Number) Belins st No 249 Baltimore

5. Full Name of Mother Irene Ford

6. Mother's Maiden Name Irene Milhison

7. Mother's Birthplace Baltimore

8. Full Name of Father Amos Ford

9. Father's Occupation Barber

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs S Ferguson

Address No 792 Pratt st

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*
1. Sex (state whether male or female) \_\_\_\_\_
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *August, 30 1879.*
  4. Place of Birth (Street and Number) *Allice Ann St. No 216,*
  5. Full Name of Mother *Virginia Fleckmann*
  6. Mother's Maiden Name *Virginia Terscheid*
  7. Mother's Birthplace *Baltimore City*
  8. Full Name of Father *Heinrich Fleckmann*
  9. Father's Occupation *Cigarren Manufacturer*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*
- Address *N. Dallas St. No 26.*
- Remarks \_\_\_\_\_

That any physician, accouchenr, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth Aug 30 1879

4. Place of Birth (Street and Number) Josephine Court

5. Full Name of Mother Casey Coates

6. Mother's Maiden Name Casey White

7. Mother's Birthplace Baltimore Md

8. Full Name of Father James Coates

9. Father's Occupation laborer

10. Father's Birthplace Petersburg Va

Name of Medical Attendant, or other Person who makes this Return. Sarah Pughal

Address no. 9. Jackson St city

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*  
 1. Sex (state whether Male or Female) *male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *30 August 1879*  
 4. Place of Birth (Street and Number) *N. Gay St. 324*  
 5. Full Name of Mother *Helene Gieff*  
 6. Mother's Maiden Name *Helene Wallenhorst*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *John Gieff*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *L. F. Reinhardt*  
 Address *224 W. Fayette Street*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 30<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *4111 Bregon st*
5. Full Name of Mother *Louise Gotchalk*
6. Mother's Maiden Name *Herr*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Gustave Gotchalk*
9. Father's Occupation *Restaurant*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schussner midwife*
- Address *330 Hanover st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

332.20



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd  
Female  
White  
August 20 1879  
6 W. Olenhoff St  
Emma C. Stone  
Emma C. Street  
Baltimore Md  
Peter Stone  
Car Driver  
Baltimore Md  
Theodore Cooke M.D.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30<sup>th</sup> August
4. Place of Birth (Street and Number) 30 Adhemar St.
5. Full Name of Mother Augusta A. Goetz
6. Mother's Maiden Name Augusta Swahnhanzen
7. Mother's Birthplace Baltimore
8. Full Name of Father Adolph Goetz
9. Father's Occupation Painter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No 76 Granby Street.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Primipara*  
*Female*  
*White*  
*Aug 20th. 1879*  
*427 Franklin St.*  
*Sarah Jane*  
*Sarah Walker*  
*Baltimore*  
*Thomas J. Kane*  
*Printer*  
*Baltimore, Md.*  
*A. Weston, M.D.*  
*543 Lexington St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38923

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 30<sup>th</sup> 1874

4. Place of Birth (Street and Number)

83 Hampden Av

5. Full Name of Mother

Kate Corrigan

6. Mother's Maiden Name

Corrigan

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Jas. Thos. Kenney

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. D. Booker

Address

152 W. Madison St.

Remarks



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the third child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *August 30. 1879*

4. Place of Birth (Street and Number) *corner of Lloyd and Calender Aving*

5. Full Name of Mother *Elizabeth Brown*

6. Mother's Maiden Name *Elizabeth Taylor*

7. Mother's Birthplace *Caroline County*

8. Full Name of Father *Alfred Brown*

9. Father's Occupation *Driver the coal cart*

10. Father's Birthplace *Richmond*

Name of Medical Attendant, or other Person who makes this Return. *Mary Jane Richardson*

Address *No 212 Dover St*

Remarks *A Healthy The mother and child is doing well*

7.97 25

SEP  
8  
1879

- That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the sex and color of the child or children born, the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 9th

4. Place of Birth (Street and Number) St. Ann's Hospital

5. Full Name of Mother Rose Eigner

6. Mother's Maiden Name Wagner

7. Mother's Birthplace Balt Md

8. Full Name of Father Michael Eigner

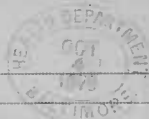
9. Father's Occupation Baker

10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Wagner

Address 40 Colden St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *August 30th. 1879*
4. Place of Birth (Street and Number) *Arlington Avenue near Saratoga*
5. Full Name of Mother *Annies Allen*
6. Mother's Maiden Name *Coates*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Benjamin Allen*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Chas W. Jeff*
- Address *306 N. Fayette Street*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8  
 1. Sex (state whether male or female) female  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth the 30 August 1879  
 4. Place of Birth (Street and Number) No 97 Chesnut Street  
 5. Full Name of Mother Mary Elizabeth Martin  
 6. Mother's Maiden Name Mary Elizabeth McGilchrist  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Wesley Martin  
 9. Father's Occupation Teacher  
 10. Father's Birthplace Baltimore County  
 Name of Medical Attendant, or other Person who makes this Return. Wm. W. Williams  
 Address No 70 Chesnut St.  
 Remarks Mother had child during war

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Born Aug 30th*
4. Place of Birth (Street and Number) *Baltimore No 101 Superior*
5. Full Name of Mother *Emeline Hopkins*
6. Mother's Maiden Name *W. Wilson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Hopkins*
9. Father's Occupation *Salad*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Samuel M. Criss*
- Address *344 Hollands*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33230



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Caucasian*

3. Date of Birth *Aug 31st*

4. Place of Birth (Street and Number) *Baltimore Eastern St*

5. Full Name of Mother *Emeline Horison*

6. Mother's Maiden Name *By Brown*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Ben Brown*

9. Father's Occupation *Druggist*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Emeline Horison*

Address *344 Lombard St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 30<sup>th</sup>*
4. Place of Birth (Street and Number) *191 Central Avenue*
5. Full Name of Mother *Louisa Trageser*
6. Mother's Maiden Name *D. Louisa Hebert*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henry Trageser*
9. Father's Occupation *Chick*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *M. A. Rott*
- Address *No. 185 Central Av.*
- Remarks *See 2nd*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) Irish  
 3. Date of Birth August 30th 1879.  
 4. Place of Birth (Street and Number) 80 Stiles St  
 5. Full Name of Mother Mary Arthur  
 6. Mother's Maiden Name " Thompson  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Robert Arthur  
 9. Father's Occupation Mariner  
 10. Father's Birthplace Demerara  
 Name of Medical Attendant, or other Person who makes this Return. D W Caldwell M.D  
 Address 2 N Broadway  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

38233



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30 August
4. Place of Birth (Street and Number) 179 Emerson St
5. Full Name of Mother Mary S Boyle
6. Mother's Maiden Name Hodgeity
7. Mother's Birthplace Baltimore
8. Full Name of Father Patrick Boyle
9. Father's Occupation Cunier
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Azula J. Hissman
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. *Sixth* Edith Eliza Davis  
1. Sex (state whether Male or Female)..... *Female*  
2. Race or Color (if not of the white race)..... *White*  
3. Date of Birth..... *August 30<sup>th</sup> 1879*  
4. Place of Birth (Street and Number)..... *16 N. Stricker St.*  
5. Full Name of Mother..... *Sarah Elizabeth Davis*  
6. Mother's Maiden Name..... *Turner.*  
7. Mother's Birthplace..... *Howard Co. Md.*  
8. Full Name of Father..... *Edward Davis*  
9. Father's Occupation..... *Machinist*  
10. Father's Birthplace..... *Baltimore County, Md.*  
Name of Medical Attendant, or other Person who makes this Return..... *Louis W. Knight M.D.*  
Address..... *112 N. Greene St.*  
Remarks *Name added June 11-1880*  
*by Edith Eliza Davis* *Edith E Davis Moore*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether male or female) M.  
 2. Race or Color (if not of the white race) W.  
 3. Date of Birth August 30. 1879.  
 4. Place of Birth (Street and Number) 311 N. Donough St  
 5. Full Name of Mother Elean Litchfield.  
 6. Mother's Maiden Name Reichter  
 7. Mother's Birthplace Baltimore, Md.  
 8. Full Name of Father Samuel Litchfield  
 9. Father's Occupation Iron Worker.  
 10. Father's Birthplace Baltimore, Md.  
 Name of Medical Attendant, or other Person who makes this Return. L. C. Gordon, M.D.  
 Address 311 N. Broadway  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33236

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug. 30, 1879*

4. Place of Birth (Street and Number) *Garrison Lane, near Balt. St.*

5. Full Name of Mother *Christina M. Hoenas*

6. Mother's Maiden Name *Schreiner*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Albert F. Hoenas*

9. Father's Occupation *Butcher*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *John H. Wood, M.D.*

Address *E. N. Carey St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 20, 1879
4. Place of Birth (Street and Number) 71 S. Calmar St
5. Full Name of Mother Sarah E. Maclean
6. Mother's Maiden Name Sarah E. Martin
7. Mother's Birthplace Med
8. Full Name of Father Oliver P. Maclean
9. Father's Occupation Painter
10. Father's Birthplace West Va
- Name of Medical Attendant, or other Person who makes this Return. James B. Boley M.D.
- Address 319 Hollins St
- Remarks Belle and

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33238

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Frank  
Grecuals

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

August 30th 1879

4. Place of Birth (Street and Number)

Deliverers of Obstetric Asylum

5. Full Name of Mother

Catherine Foster

6. Mother's Maiden Name

Thomas

7. Mother's Birthplace

Germany

8. Full Name of Father

John Foster

9. Father's Occupation

Reverend

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. T. Seidelwaller  
J. C. Or Egan (arriving this)

Address

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 30th 1879*
4. Place of Birth (Street and Number) *288 N Canal St*
5. Full Name of Mother *Catharine Parr*
6. Mother's Maiden Name *Busch*
7. Mother's Birthplace *Bavaria*
8. Full Name of Father *Conrad Parr*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Bavaria Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. C. C. Carroll*
- Address *St. Cor. Gay St. Carroll St. N.Y.*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

28240

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 22nd 1879

4. Place of Birth (Street and Number)

328 N Broadway

5. Full Name of Mother

Charlotte Antonia Bork

6. Mother's Maiden Name

Lein

7. Mother's Birthplace

Germany

8. Full Name of Father

Chas. Bork

9. Father's Occupation

Baltimore City Book Keeper

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr. Selman

Address

500 E. Gay St. Baltimore

Remarks

still

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 30 - 1879

4. Place of Birth (Street and Number)

192 St. Mary St

5. Full Name of Mother

Mary Ann Jordan

6. Mother's Maiden Name

" " Gray

7. Mother's Birthplace

Balto.

8. Full Name of Father

Thomas H. Jordan

9. Father's Occupation

Car Maker

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Mary Ellwell

Address

286 St. Donagh St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of record, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,  
 1. Sex (state whether Male or Female) Male,  
 2. Race or Color (if not of the white race) White,  
 3. Date of Birth August 30, 1879,  
 4. Place of Birth (Street and Number) 346 E. Baltimore St.  
 5. Full Name of Mother Lillian S. Gallup.  
 6. Mother's Maiden Name Sauner,  
 7. Mother's Birthplace Balt.  
 8. Full Name of Father Edward B. Gallup.  
 9. Father's Occupation Farmer.  
 10. Father's Birthplace Baltimore.  
 Name of Medical Attendant, or other Person who makes this Return. Dr. W. P. Morgan  
 Address 175-2000  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 30<sup>th</sup> 1879
4. Place of Birth (Street and Number) 145 Fine Line St.
5. Full Name of Mother Regine Kuhl
6. Mother's Maiden Name " " Grab
7. Mother's Birthplace Germany
8. Full Name of Father August Kuhl
9. Father's Occupation Pauma-Kes
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. H. Herina Mühler
- Address No 9 Lodenhall St.
- Remarks



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

332114

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 30<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *415 Alice Gun st*
5. Full Name of Mother *Elizabeth Dietrich*
6. Mother's Maiden Name *" Young Germany*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Franz Dietrich*
9. Father's Occupation *Salvage*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*
- Address *(245 Canton Ave)*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33245

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Aug 31. 1879  
S. W. 1st St. No 51.  
Margaretta Wesfs  
Giller

Dresen B esern

John Wesfs

H. W. 1st St.

Henry J. B esern

Wm. J. W. W. W. W.

S. W. 1st St. No 28

W. W. W. W.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39246



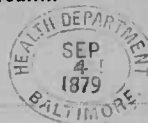
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 31<sup>st</sup> 1879*
4. Place of Birth (Street and Number) *Baltimore S. Pacor st No 400*
5. Full Name of Mother *Marg. Dolan*
6. Mother's Maiden Name *Wallerney*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John. Dolan*
9. Father's Occupation *Cas. Father*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Mitchell*
- Address *No. 140 Ramsey st*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

White

August 31. 1879

246 East Monument st

Elizabeth A Bryan

Elizabeth A Berry

Baltimore Md

George W Bryan

House Carpenter

Baltimore County

Estimanda Garrison

378 East Monument



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d Child*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *31 August 1879*

4. Place of Birth (Street and Number) *Pidgley St. C*

5. Full Name of Mother *Louise Zimmerman*

6. Mother's Maiden Name *Louise Huber*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Frederick Zimmerman*

9. Father's Occupation *Carver*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *H. J. Mainwaring*

Address *224 N. Fayette Street*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 31st 1879*
4. Place of Birth (Street and Number) *No 57 S Bond St*
5. Full Name of Mother *Mrs Emma Reelter*
6. Mother's Maiden Name *" " " " Hammen*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Fred Vetter*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Gortzke (Mrs)*
- Address *No 55 S Bond St*
- Remarks *Bmd*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Female  
White  
August 21<sup>st</sup> 1879  
St. Paul, 287  
Mrs. Anna Schiller  
Miss Anna Schiller  
Germany  
Mr. John Schiller  
Teacher  
Germany  
Mrs. Schiller  
St. Paul, 287

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 31 st 1879*
4. Place of Birth (Street and Number) *apt 140 Hamburg st*
5. Full Name of Mother *Friedricka Beck*
6. Mother's Maiden Name *Eversmann*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *Karl Beck*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwaesser midwife*
- Address *350 Hanover st*
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 3rd, 1879*
4. Place of Birth (Street and Number) *Good Light St.*
5. Full Name of Mother *Mary Henning*
6. Mother's Maiden Name *Mary Lampert*
7. Mother's Birthplace *Speltz*
8. Full Name of Father *John Henning*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cook M.D.*
- Address
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

98259

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third (3rd)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 31st 1879*
4. Place of Birth (Street and Number) *202 E. Margate St.*
5. Full Name of Mother *Justina Hall*
6. Mother's Maiden Name *Justina Beardsley*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Samuel J. Hall*
9. Father's Occupation *U. S. Storekeeper*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. J. Leland M.D.*
- Address *1 J. Bowdoin*
- Remarks

# RETURN OF A BIRTH.

33254

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.) *born Edward Malfard*  
Sex (state whether Male or Female) *Male*  
Race or Color (if not of the white race) *Colored*  
Date of Birth *31 August 1879*  
Place of Birth (Street and Number) *Bruner alley No 7*  
Full Name of Mother *Sophie Stewart*  
Mother's Maiden Name *Sophie Malfard*  
Mother's Birthplace *Born in Baltimore*  
Full Name of Father *Levin Malfard*  
Father's Occupation *Butcher*  
Father's Birthplace *Tailor's corner East St*  
Name of Medical Attendant, or other Person who makes this Return. *Lucas W. Harrison*  
Address *Truman street No 24*  
Remarks *at this time good health*



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Born Sep Aug 31 79*
4. Place of Birth (Street and Number) *Baltimore 10114 street*
5. Full Name of Mother *Jane Gonsone*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Richmond*
8. Full Name of Father *Jane Gonsone*
9. Father's Occupation *Dr. Labor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. C. Gonsone*
- Address *299 Grand Street*
- Remarks

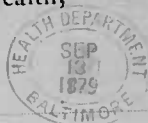


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39256

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 31<sup>st</sup> 79

4. Place of Birth (Street and Number)

275 William

5. Full Name of Mother

Emma Abbott,

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Baltimore

8. Full Name of Father

J. Walter Abbott,

9. Father's Occupation

Merchant,

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

R. J. N. Tall, M.D.,

Address

152 Sharp St.,

Remarks

# RETURN OF A BIRTH.

39257

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *colored* *William Henry Queen*
3. Date of Birth *on the 21st of August*
4. Place of Birth (Street and Number) *union St No 13*
5. Full Name of Mother *Elot Charred*
6. Mother's Maiden Name *Emmer Sedonia Boston*
7. Mother's Birthplace *Baltimore County Md Stammers Run n/2 district*
8. Full Name of Father *Simon Charles Queen*
9. Father's Occupation *labor*
10. Father's Birthplace *Baltimore County Md Stammers Run n/2 district*
- Name of Medical Attendant, or other Person who makes this Return. *Lewis H. Hebron*
- Address *union St No 24*
- Remarks *could not report to son*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, for so their physician, accoucheur, midwife, or other person in charge, shall be held responsible of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth Born on 21st Aug. 1879
4. Place of Birth (Street and Number) 221 South Duham St
5. Full Name of Mother Caroline Foster Sargent
6. Mother's Maiden Name Caroline Foster
7. Mother's Birthplace Rochester, N.Y.
8. Full Name of Father Foster Sargent
9. Father's Occupation Laborer
10. Father's Birthplace Born in Barbours
- Name of Medical Attendant, or other Person who makes this Return. Susan Morgan M.D.
- Address No 47 North Duham St
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33239

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 31<sup>st</sup>*
4. Place of Birth (Street and Number) *No 294 Nanover St*
5. Full Name of Mother *Louisa Will*
6. Mother's Maiden Name *Louisa Hammett*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Alexander Will*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Brazzaville Ind*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Munch*
- Address *No 8 Leadenhall St*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventeenth (17th)
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 31 st.
4. Place of Birth (Street and Number) 316 Myrtle Avenue
5. Full Name of Mother Marilla A. Kreis
6. Mother's Maiden Name Shaw
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Wm. Kreis
9. Father's Occupation Conveyancer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Silas Baldwin M. D.
- Address 152 Townsend St.
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *31st of August 1879*
4. Place of Birth (Street and Number) *13 North Washington st.*
5. Full Name of Mother *Mary Herbert*
6. Mother's Maiden Name *Mary Herbert*
7. Mother's Birthplace *Germany*
8. Full Name of Father *August Herbert*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. C. Herbert*
- Address *11 North Cropper St. Baltimore*
- Remarks *Healthy*

# RETURN OF A BIRTH.

33262

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

fourth

Sex (state whether Male or Female)

Male

Race or Color (if not of the white race)

White

Date of Birth

August the 31

Place of Birth (Street and Number)

Baltimore corner of 1st

Full Name of Mother

Margaret Kirley

Mother's Maiden Name

Margaret Tanner

Mother's Birthplace

Baltimore

Full Name of Father

Thomas Kirley

Father's Occupation

Miller

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Hatcher

Address

port au 10 1/2

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days after the birth of such child, a statement of the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *August 31 1879*
4. Place of Birth (Street and Number) *No 360 Orleans St*
5. Full Name of Mother *Annie J Gray*
6. Mother's Maiden Name *Annie A. Parker*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *James J. Gray*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Harry A. Allwell*
- Address *286 McDonough St*
- Remarks \_\_\_\_\_



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 31
1. Sex (~~state whether male or female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 31
4. Place of Birth (Street and Number) 31 Patterson Street
5. Full Name of Mother Mary M. M. M.
6. Mother's Maiden Name William Smith
7. Mother's Birthplace Maryland
8. Full Name of Father John H. M. M.
9. Father's Occupation Black
10. Father's Birthplace 19th St. Md
- Name of Medical Attendant, or other Person who makes this Return. R. R. M. M.
- Address 554 W. 1st St.
- Remarks \_\_\_\_\_



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 31<sup>st</sup> 1879*
4. Place of Birth (Street and Number) *No 8 Shakespeare St*
5. Full Name of Mother *Buchara Rerna*
6. Mother's Maiden Name *" " " Bura-boda*
7. Mother's Birthplace *Bohemia*
8. Full Name of Father *Franz Rerna*
9. Father's Occupation *Tool Dr*
10. Father's Birthplace *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *Therese Mempel*
- Address *248 S. Bond St*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White Race*
  3. Date of Birth *August 3<sup>d</sup> 1879*
  4. Place of Birth, (Street and Number) *134 Chew St.*
  5. Full Name of Mother *Mary Anna Sporer*
  6. Mother's Maiden Name *Mary Anna Cook*
  7. Mother's Birthplace *Baltimore*
  8. Full Name of Father *Matthew Sporer*
  9. Father's Occupation *Barkeeper*
  10. Father's Birthplace *Henry Berg Bayaria*
- Name of Medical Attendant, or other person who attended this birth. *Dr. J. J. [illegible]*
- Address *Matthew Sporer #134 Chew St.*
- Remarks

Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

A BIRTH,

6<sup>th</sup>

Male

Col

August 20<sup>th</sup>

Isabella Hamelin

Theodore Hamelin

Jane E. Harris  
55 N. Exeter St.

MISSING

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~~11~~ 33268

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 18 79

4. Place of Birth (Street and Number) Bolton Road

5. Full Name of Mother Kate Minnskey

6. Mother's Maiden Name Kate Kabe

7. Mother's Birthplace Germany

8. Full Name of Father Robert Minnskey

9. Father's Occupation Builder

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Hillebrand

Address 7015 E. Monument St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33270  
HEALTH DEPARTMENT  
SEP 19 1879  
BALTIMORE

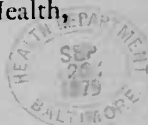
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *First of September*  
4. Place of Birth (Street and Number) *15 Columbia Ave*  
5. Full Name of Mother *Callie Elizabeth Brown*  
6. Mother's Maiden Name *Callie E. Maudie*  
7. Mother's Birthplace *Henrico Co Va*  
8. Full Name of Father *James S Brown*  
9. Father's Occupation *House Carpenter*  
10. Father's Birthplace *Essex Co Va*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Maudie*  
Address *66 Annapolis*  
Remarks

recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth.*  
1. Sex (state whether Male or Female) *Male.*  
2. Race or Color (if not of the white race) *White.*  
3. Date of Birth *Sept 14<sup>th</sup> 1879.*  
4. Place of Birth (Street and Number) *473. W. Fayette St.*  
5. Full Name of Mother: *Georgiana Freeland.*  
6. Mother's Maiden Name *Georgiana Meekins.*  
7. Mother's Birthplace *Baltimore. Md.*  
8. Full Name of Father *Zachary Taylor Freeland*  
9. Father's Occupation *Clerk.*  
10. Father's Birthplace *Baltimore Co. Md.*  
Name of Medical Attendant, or other Person who makes this return *A. C. Fox. M.D.*  
Address *Cor Fayette & Schroeder Sts.*  
Remarks



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. His or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*  
 1. Sex (state whether Male or Female)  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Sept 1st 1879*  
 4. Place of Birth (Street and Number) *128. N. Schroeder*  
 5. Full Name of Mother *Kate Conlon*  
 6. Mother's Maiden Name *Kate Coogan*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Andrew Conlon*  
 9. Father's Occupation *Printer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Edw. J. McHollan*  
 Address *279. W. Lombard*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchateur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Maggie Mabel Minnick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 1st 1879.

4. Place of Birth (Street and Number) 444 E. Chase St.

5. Full Name of Mother Laura J. Minnick

6. Mother's Maiden Name " Hooper

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John R. Minnick

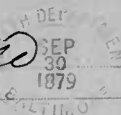
9. Father's Occupation Plumber

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. G. J. Brown

Address 210 N. Broadway.

Remarks



Return of a Birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

332711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male  
White  
September 1st 1879  
73 Fairmount St.  
Elizabeth E. Sullivan  
Elizabeth B. Hussey  
Baltimore  
Wm. T. Sullivan  
Ship Carpenter  
Baltimore  
J. C. Sullivan M.D.  
77 N. Broadway

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33273

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept. 1st -*
4. Place of Birth (Street and Number) *214 N Front st -*
5. Full Name of Mother *Laura*
6. Mother's Maiden Name *metz*
7. Mother's Birthplace *Fredrick Co md*
8. Full Name of Father *William Speerier*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Balt - City -*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

*S. F. Boyer*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33276

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *Sept 1<sup>st</sup> 1879*  
 4. Place of Birth (Street and Number) *85 Barre St.*  
 5. Full Name of Mother *Sophia Newton*  
 6. Mother's Maiden Name *Glass*  
 7. Mother's Birthplace *Cambridge, Md.*  
 8. Full Name of Father *Philip E. Newton*  
 9. Father's Occupation *Coffee Roaster*  
 10. Father's Birthplace *Balto. City*  
 Name of Medical Attendant, or other Person who makes this return *R. J. N. Tall, M.D.*  
 Address *152 Sharp St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33277

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 10th September 1879

4. Place of Birth (Street and Number) 10th Avenue City near Hope St

5. Full Name of Mother Magarita Nicklas

6. Mother's Maiden Name Magarita Lautenbach

7. Mother's Birthplace Germany

8. Full Name of Father Michael Nicklas

9. Father's Occupation Farmer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address 10th Avenue

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33278

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth September 1, 1879
4. Place of Birth (Street and Number) 261 Preston St.
5. Full Name of Mother Mary Lane Zeller
6. Mother's Maiden Name O'Neill
7. Mother's Birthplace Balt. City
8. Full Name of Father Joseph J. Zeller
9. Father's Occupation laborer
10. Father's Birthplace Balt. City
- Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer M.D.
- Address 58 N. Calver St.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar inforeesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13.

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White

3. Date of Birth

10th September 1879.

4. Place of Birth (Street and Number)

315. Spring

5. Full Name of Mother

Mrs. J. M. Rubin

6. Mother's Maiden Name

J. Palmer.

7. Mother's Birthplace

Baltimore City.

8. Full Name of Father

Wm. M. Rubin

9. Father's Occupation

Carpenter.

10. Father's Birthplace

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return.

Mary K. Rubin

Address

125 S. Caroline

Remarks

Baltimore City.



*Correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33280

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *September 1<sup>st</sup> 1879*
4. Place of Birth (Street and Number) *112 High St*
5. Full Name of Mother *Wilhelmine Barker*
6. Mother's Maiden Name *Wilhelmine Reyle*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Frederick Barker*
9. Father's Occupation *Taylor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Casper*
- Address *32 E. Second St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33281

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether male or female)

Boys

2. Race or Color (if not of the white race)

3. Date of Birth

Weigh  
geboren 1ten September

4. Place of Birth (Street and Number)

10 331 S Bond Str

5. Full Name of Mother

Linna Landmann

6. Mother's Maiden Name

Linna Lutz

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Conrad Landmann

9. Father's Occupation

Kanonwacher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Frederikke Kaufmann

Address

10 197 S Dallas Str

Remarks

Hemm

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33282  
33283



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth & Seventh - Twins*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 1st 1879*
4. Place of Birth (Street and Number) *54 Stockton Alley*
5. Full Name of Mother *Sarah Jane Durrall*
6. Mother's Maiden Name *Sarah Jane ~~Hale~~ Mooney*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Henry Durrall*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Susan Hunter*
- Address *21 Poppleton St*
- Remarks

# RETURN OF A BIRTH.

332811

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>  
 Sex (state whether male or female) Female  
 Race or Color (if not of the white race)  
 Date of Birth September 1<sup>st</sup> 1879  
 Place of Birth (Street and Number) No. 1. J. Schorodden St  
 Full Name of Mother Ellen Maria Wright  
 Mother's Maiden Name Byrne  
 Mother's Birthplace Baltimore Md  
 Full Name of Father Charles David Wright  
 Father's Occupation Cordwainer  
 Father's Birthplace Snaw-Hill, Worcester, Co Md  
 Name of Medical Attendant, or other Person who makes this return. Mrs Hunter  
 Address East Poplar St  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33285

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 1, 1879*
4. Place of Birth (Street and Number) *81 E. Baltimore St.*
5. Full Name of Mother *Josephine Virginia Baltimore*
6. Mother's Maiden Name *Josephine Virginia Nichols*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Lewis Adams Baltimore*
9. Father's Occupation *Ship Master*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Houch M.D.*
- Address *35 E. Baltimore St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September 1st*

4. Place of Birth (Street and Number) *William St*

5. Full Name of Mother *Mary E. Grainger*

6. Mother's Maiden Name *" " Kewels*

7. Mother's Birthplace *Micomico Co - Md*

8. Full Name of Father *John H. Grainger*

9. Father's Occupation *Marine Captain*

10. Father's Birthplace *Baltimore City - Md*

Name of Medical Attendant, or other Person who makes this Return. *S. A. Beece M.D.*

Address *161 So - Sharp St*

Remarks *Premature birth in six months of Gestation. Cause of birth unknown*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33287  
6/24

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Name of child: Emma Margaret Deugler  
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth September 10 1879
4. Place of Birth (Street and Number) 249 E. Biddle (Pr. St. corner North)
5. Full Name of Mother Annie Elizabeth Deugler
6. Mother's Maiden Name Uhlmann
7. Mother's Birthplace Germany
8. Full Name of Father William Deugler
9. Father's Occupation Sailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. Selders  
Sec. of Hyg. Comm.

*Birth Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33255

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 1<sup>st</sup>*
4. Place of Birth (Street and Number) *No 154 2<sup>d</sup> Street St*
5. Full Name of Mother *Mary Ellen Bell*
6. Mother's Maiden Name *Mary Ellen Astor*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry T. Bell*
9. Father's Occupation *Black*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Henry T. Bell*
- Address *No 154 2<sup>d</sup> Street Baltimore*
- Remarks





rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

33286



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex (state whether male or female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *1<sup>st</sup> of September*

4. Place of Birth (Street and Number) *at 331 Biddle St. Bk.*

5. Full Name of Mother *Mrs. Matilda Dahl*

6. Mother's Maiden Name *Mrs. Catharine Dahl*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Jacob Dahl*

9. Father's Occupation *city work*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. Willigant*

Address *at 182 East Chelmsford St.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33290

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 1st 1878*
4. Place of Birth (Street and Number) *Maternu Hospital 163 W Lombard St.*
5. Full Name of Mother *Mabel Middleton*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *West Virginia*
8. Full Name of Father *unknown*
9. Father's Occupation *" "*
10. Father's Birthplace *" "*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Brachman M.D.*
- Address *163 W Lombard St.*
- Remarks *Mother and Child doing well.*

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second,*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race) *White.*

3. Date of Birth *September 1<sup>st</sup> 1879.*

4. Place of Birth (Street and Number) *10499 N. Fremont St.*

5. Full Name of Mother *Mrs. Charles Garrison.*

6. Mother's Maiden Name *Phibia Paul.*

7. Mother's Birthplace *Baltimore.*

8. Full Name of Father *Charles Garrison,*

9. Father's Occupation *Carpenter.*

10. Father's Birthplace *New York.*

Name of Medical Attendant, or other Person who makes this Return. *A. Parker M.D.*

Address *No 530 Penn. Av.*

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
Sept 1st 1879  
Jefferson Place  
Emma J. Rogers  
Emma J. Rogers  
Baltimore Md  
Thomas  
Telegraph Operator & Clerk  
Maryland  
Theodore Cooks Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept the 1st, 1879*
4. Place of Birth (Street and Number) *96 S. Bethel St*
5. Full Name of Mother *Caroline Lang*
6. Mother's Maiden Name *Minna Clark Hixon*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Carl Lang*
9. Father's Occupation *Clak*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Louise Kraft*
- Address *236 Canton ave*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

332911

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept. the 1st 1879*

4. Place of Birth (Street and Number) *149 Choptank St*

5. Full Name of Mother *Maria Wicken*

6. Mother's Maiden Name *" Birlich*

7. Mother's Birthplace *Germany*

8. Full Name of Father *John Wicken*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Louise Kraft*

Address *236 Canton ave*

Remarks



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33295

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Primipara*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 1 1899*

4. Place of Birth (Street and Number) *62 D. Carey St*

5. Full Name of Mother *Maggie Gibson*

6. Mother's Maiden Name *Maggie Gavin*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Robert Gibson*

9. Father's Occupation *Employee B & O R.R.*

10. Father's Birthplace *New York City*

Name of Medical Attendant, or other Person who makes this Return. *W. H. M. M.D.*

Address \_\_\_\_\_

Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*

1. Sex (state whether male or female) *female Child*

2. Race or Color (if not of the white race) *Colored race*

3. Date of Birth *September the 1. 1879*

4. Place of Birth (Street and Number) *278 Orleans St Baltimore Md*

5. Full Name of Mother *Willa Cook*

6. Mother's Maiden Name *Willa Lee*

7. Mother's Birthplace *Northumb Co Virginia*

8. Full Name of Father *William Cook*

9. Father's Occupation *Draman*

10. Father's Birthplace *Baltimore City Md*

Name of Medical Attendant, or other Person who makes this Return. *Lucinda Woolford*

Address *130 Regester St Baltimore Md*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. September 20



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether male or female) *Male*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *September 1st 1879*
  4. Place of Birth (Street and Number) *64 Chapel St.*
  5. Full Name of Mother *Johanna Steigwald*
  6. Mother's Maiden Name *Johanna Gephra*
  7. Mother's Birthplace *America*
  8. Full Name of Father *Gerard Steigwald*
  9. Father's Occupation *Printer*
  10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Amend*
- Address *No. 137 Wolfe St.*
- Remarks *H.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>th</sup>*
1. Sex (state whether Male or Female) *boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1 September*
4. Place of Birth (Street and Number) *181 Kenner Street*
5. Full Name of Mother *Lina Stefan*
6. Mother's Maiden Name *Lajn*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Otto Lajn*
9. Father's Occupation *Restaurant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Karic Guttner*
- Address *Wolfe Street 245.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33299

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex (state whether ~~male~~ or female)
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *September the 1. 1879.*
  4. Place of Birth (Street and Number) *Hampstead St. N. E. 62.*
  5. Full Name of Mother *Emilie Cohen*
  6. Mother's Maiden Name *Emilie Guggenheimer*
  7. Mother's Birthplace *Ting. Gr. Baden. Germany*
  8. Full Name of Father *Henry Cohen*
  9. Father's Occupation *Teacher*
  10. Father's Birthplace *Wolfstein. Prussian. Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Muller*
- Address *N. Dallas St. N. E. 26.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33300

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 1st

4. Place of Birth (Street and Number)

90 E. Fayette st

5. Full Name of Mother

Annie Jones

6. Mother's Maiden Name

Annie Tollin

7. Mother's Birthplace

Fairfax Co. Va

8. Full Name of Father

John Bailey Jones

9. Father's Occupation

Minister

10. Father's Birthplace

Swedes Co., Del.

Name of Medical Attendant, or other Person who makes this Return.

John A. Corner

Address

14 Arsequith st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33301  
HEALTH DEPT  
SEP 3  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept. 1st*

4. Place of Birth (Street and Number) *225 Dolphin St.*

5. Full Name of Mother *Emma J. Grubb*

6. Mother's Maiden Name *Lynn*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Richard Grubb*

9. Father's Occupation *Machinist*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Silas Baldwin M.D.*

Address *15th Street St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *1st of September 1879*
4. Place of Birth (Street and Number) *11 Madison St*
5. Full Name of Mother *Mary Wis*
6. Mother's Maiden Name *Mary Weizlein*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Adolph Wis*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Annie Weizlein*
- Address *104 Penna ave*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33303

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

HEALTH  
SEP  
19  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*  
1. Sex (state whether male or female) *male*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *2nd September 1879*  
4. Place of Birth (Street and Number) *1339 Parkin Street Balt*  
5. Full Name of Mother *Maggie Killaler*  
6. Mother's Maiden Name *Maggie Dolan*  
7. Mother's Birthplace *Baltimore M.d U.S*  
8. Full Name of Father *Patrick Killaler*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Ireland*  
Name of Medical Attendant, or other Person who makes this Return  
Address *Anne Dunder & Shroter*  
Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

333011

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) 1
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 2nd 1879
4. Place of Birth (Street and Number) No 22 Holland St
5. Full Name of Mother Elara Jane Crawford
6. Mother's Maiden Name Marshall
7. Mother's Birthplace Baltimore
8. Full Name of Father George Lockman Crawford
9. Father's Occupation Bacon Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mr. H. Hoffman
- Address 222 N. 5th St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 2nd 1899*
4. Place of Birth (Street and Number) *#40 Cambridge St.*
5. Full Name of Mother *Marg. E. Preston*
6. Mother's Maiden Name *Margaret T. Tute*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Olive Preston*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Lewis*
- Address *# 171 E. Washington St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33306

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 25 1879

4. Place of Birth (Street and Number)

94. S. Howard

5. Full Name of Mother

Kate Norton

6. Mother's Maiden Name

Kate St Ledger

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Norton

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Edw. J. McKeown

Address

279. W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33307

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sept 2nd*
4. Place of Birth (Street and Number) *Baltimore No 90*
5. Full Name of Mother *Mary Ann Linder*
6. Mother's Maiden Name *Doyle*
7. Mother's Birthplace *West Chester*
8. Full Name of Father *Sam Linder*
9. Father's Occupation *Welder*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Wilson*
- Address *349 Cambridge St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 2<sup>d</sup> 1877

4. Place of Birth (Street and Number)

69 St Eyster st

5. Full Name of Mother

Mary E Stokes

6. Mother's Maiden Name

" " Sinclair

7. Mother's Birthplace

City

8. Full Name of Father

John Stokes

9. Father's Occupation

Clerk.

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# ✓ RETURN OF A BIRTH.

33310

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept 2 1899
4. Place of Birth (Street and Number) 39 S. Fulton St
5. Full Name of Mother Bea Ellinger
6. Mother's Maiden Name Bea Pollard
7. Mother's Birthplace Balt City
8. Full Name of Father Isaac Ellinger
9. Father's Occupation Cattle dealer
10. Father's Birthplace Balt City
- Name of Medical Attendant, or other Person who makes this Return. M. M. White, M.D.
- Address 341 N Broadway
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8  
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

2<sup>d</sup> of September  
533 Light St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Albertine Wilhelmine  
Schroeder

6. Mother's Maiden Name

7. Mother's Birthplace

Germani  
Ludwig Wilhelm Rudolf Stock

8. Full Name of Father

9. Father's Occupation

Wigwagmaster  
Germani

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Barbara M. King

Address

8 Lane Carroll St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33312

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *(fourth)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 2d 1879*
4. Place of Birth (Street and Number) *7 McMechin St*
5. Full Name of Mother *Sarah Garrison*
6. Mother's Maiden Name *Lewis*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Garrison*
9. Father's Occupation *black*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Chris Lawrence*
- Address *92 - W. 1st St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33313

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 2 1881
4. Place of Birth (Street and Number) No 198 Eager St
5. Full Name of Mother Edgar & H. Muller
6. Mother's Maiden Name Born
7. Mother's Birthplace Bath
8. Full Name of Father Charles Muller
9. Father's Occupation Upholsterer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. H. H. H.
- Address No 182 E. Frederick St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Sept. 2 d 1879
4. Place of Birth (Street and Number) 145 S. Centre st.
5. Full Name of Mother Auguste Hergenheim
6. Mother's Maiden Name Aug. Sebastian
7. Mother's Birthplace German
8. Full Name of Father Georg Hergenheim
9. Father's Occupation Tailor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. M. R. Ruchiger
- Address 134 W. Bondstr.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept. 2 d. 1879*
4. Place of Birth (Street and Number) *82 Oriin Str.*
5. Full Name of Mother *Elisabeth Hottes*
6. Mother's Maiden Name *Elise Schmitt*
7. Mother's Birthplace *Germane*
8. Full Name of Father *Johann Hottes*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germane*
- Name of Medical Attendant, or other Person who makes this Return. *Mr R. Rudiger*
- Address *134 W. Bond Str.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33316

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Sept. 2 d. 1899
4. Place of Birth (Street and Number) 410, Harford Av.
5. Full Name of Mother Kathrine Loeffler
6. Mother's Maiden Name Kath. Hardman
7. Mother's Birthplace Germane
8. Full Name of Father Johan Loeffler
9. Father's Occupation Barber
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Mr. R. Rudiger
- Address 134 N. Bond St.
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *Sept. 2nd. 1879.*  
 4. Place of Birth (Street and Number) *# 50 1/2 Hamstead st.*  
 5. Full Name of Mother *Susan Lee*  
 6. Mother's Maiden Name *Susan Porter*  
 7. Mother's Birthplace *Baltimore Maryland*  
 8. Full Name of Father *William Lee*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Maryland*  
 Name of Medical Attendant, or other Person who makes this Return. *Susan Morgan Midwife.*  
 Address *# 47 St. Durham St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33318

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*

1. Sex (state whether male or female) *Male Child*

2. Race or Color (if not of the white race) *Colored race*

3. Date of Birth *September 2-18-99*

4. Place of Birth (Street and Number) *Shuler St 23 Baltimore md*

5. Full Name of Mother *Josephine E. Kinton*

6. Mother's Maiden Name *Josephine Langley*

7. Mother's Birthplace *Baltimore md*

8. Full Name of Father *Therson E. Kinton*

9. Father's Occupation *Clothman*

10. Father's Birthplace *Prince George County md*

Name of Medical Attendant, or other Person who makes this Return. *Lucinda Wofford*

Address *130 register st Baltimore md*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

33319  
HEALTH DEPT. BALTIMORE  
SEP 11 1890  
This is the child  
Male  
Infant  
Sept 11 90  
196 Warner St  
George Ann Johnson  
George Ann Johnson  
Baltimore  
Shadrach Johnson  
Baltimore  
In Grad  
Gargander Burton  
196 Warner St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33320

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SEP  
8  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 2, 1879.*
4. Place of Birth (Street and Number) *N. Washington St. No. 113.*
5. Full Name of Mother *Goria Grill*
6. Mother's Maiden Name *Goria Müller*
7. Mother's Birthplace *Kylda. Prussen. Germany*
8. Full Name of Father *Gottfried Grill*
9. Father's Occupation *Garver*
10. Father's Birthplace *Loekenhau N. Pr. Deutsch. Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Harz E. Müller*
- Address *N. Dallas St. No. 26.*
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September the 2. 1879.*

4. Place of Birth (Street and Number) *Eastern Av. No 90*

5. Full Name of Mother *Lizzie Breuninger*

6. Mother's Maiden Name *Lizzie Fuhrmann*

7. Mother's Birthplace *Hanover N. Prussen. Germany*

8. Full Name of Father *Karl Breuninger*

9. Father's Occupation *Grocer*

10. Father's Birthplace *Faschhausen N. Württemberg. Germany*

Name of Medical Attendant or other Person who makes this Return. *Mary E. Müller*

Address *N. Dallas St. No 26*

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33322

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 20 1879
4. Place of Birth (Street and Number) 114 Dunean St
5. Full Name of Mother Lynna Nelson
6. Mother's Maiden Name Ann Monous
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Nelson
9. Father's Occupation Boatman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs E. Fung
- Address 193 Chester St
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33328

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9

1. Sex (state whether Male or Female)

Male  
White

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 2 1879

4. Place of Birth (Street and Number)

41 Wolf St

5. Full Name of Mother

Sara Gray

6. Mother's Maiden Name

Sara Buck

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Gray

9. Father's Occupation

labor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs C Gray

Address

193

Shuter St

Remarks

Full born

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth. 5*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 2<sup>nd</sup> the*
4. Place of Birth (Street and Number) *No. 131 Camden st.*
5. Full Name of Mother *Sophia Imroald.*
6. Mother's Maiden Name *Soph. Bein*
7. Mother's Birthplace *Landwehrhagen. Hanover*
8. Full Name of Father *Gehrrhard Henry Imroald*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Quakenbruh Hanover*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Schlifer*
- Address *33 S. Howard st. Bal.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33323

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 2nd 1879*
4. Place of Birth (Street and Number) *1207 Heath Street*
5. Full Name of Mother *Annie Rebecca Barnes*
6. Mother's Maiden Name *Annie Rebecca Hardy*
7. Mother's Birthplace *Baltimore md*
8. Full Name of Father *Francis Marion Barnes*
9. Father's Occupation *Boiler Maker*
10. Father's Birthplace *Baltimore County md*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Hinton*
- Address *Port Ave 12-121*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33326

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

September 2nd 1879



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 2nd 1879

4. Place of Birth (Street and Number) 267 N. St.

5. Full Name of Mother Matie C. C. C.

6. Mother's Maiden Name Matie C. C.

7. Mother's Birthplace Germany

8. Full Name of Father George C. C.

9. Father's Occupation Cigar maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 N. St.

Remarks C-11

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33327

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept. 20 79*

4. Place of Birth (Street and Number) *Arbutus St. Baltimore Md*

5. Full Name of Mother *Eugene Hoffman*

6. Mother's Maiden Name *Buchanan*

7. Mother's Birthplace *Carroll Co. Md*

8. Full Name of Father *Walter Hoffman*

9. Father's Occupation *Cos - Grover*

10. Father's Birthplace *Balto Co Md*

Name of Medical Attendant, or other Person who makes this Return. *G. W. Norris M D*

Address *Cor - Strickland & Presman*

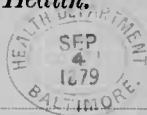
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male  
White  
Sept 2 1879  
14 Johnson  
Kate Voglesang  
Everhardt  
Balto  
Jacob Voglesang  
Laborer  
Balto  
Mrs West



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 2

4. Place of Birth (Street and Number)

414 Calverton

5. Full Name of Mother

Josephine Harmon

6. Mother's Maiden Name

Travers

7. Mother's Birthplace

Balto

8. Full Name of Father

Wm H Harmon

9. Father's Occupation

House carpenter

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Miss John Har

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33330

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>TH</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 2nd 1879
4. Place of Birth (Street and Number) 44 Gough St
5. Full Name of Mother Emma Haug
6. Mother's Maiden Name " Bartol
7. Mother's Birthplace Horn De Grace, Md.
8. Full Name of Father John Haug
9. Father's Occupation R.R. Car Dispatcher,
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. D.W. Cahill M.D.
- Address 2 N Broadway
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33331

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4<sup>th</sup>  
Male  
White  
Sept 2nd 79  
No 194 Hart Ave  
Maggie Kaenig  
Maggie Miller  
Baltimore  
Peter Kaenig  
Brahman  
Germany  
J & Wm. L. in 2  
203 W. Lombard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39392

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Margaret Virginia Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Sept. 5<sup>th</sup> 1879

4. Place of Birth (Street and Number)

East Eager St 60.

5. Full Name of Mother

Annie Dickhaver White

6. Mother's Maiden Name

Rogers

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Richard Edward Smith

9. Father's Occupation

Steamboat Captain

10. Father's Birthplace

Amesbury, Ct. N.H.

Name of Medical Attendant,

or other Person who makes this Return.

Geo. H. Harrison

Address

18 Birney St

Remarks

GIVEN NAME INDEX

2-24-54

h. y.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33333

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Sept. 30

4. Place of Birth (Street and Number)

11 S. E. Monument st

5. Full Name of Mother

Emma

6. Mother's Maiden Name

Haynes

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Jas. H. Bannell

9. Father's Occupation

Mer. Chant

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

S. F. Cadyman

Address

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *3 September*

4. Place of Birth (Street and Number) *1017 Chestnut*

5. Full Name of Mother *Anna Hill*

6. Mother's Maiden Name *Anna Hill*

7. Mother's Birthplace *Bavaria, Ger.*

8. Full Name of Father *John Hill*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Bavaria, Ger.*

Name of Medical Attendant, or other Person who makes this Return. *Wm. H. F. Smith*

Address *115 Chestnut St.*

Remarks *All well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 8<sup>th</sup>

4. Place of Birth (Street and Number)

100 Market St.

5. Full Name of Mother

Margaretta Kratzer

6. Mother's Maiden Name

Margaretta Kratzer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Englein

9. Father's Occupation

Schoonmaster

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. C. C. C.

Address

Calia St.

Remarks

Healthy

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or aid at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33336

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *September 3<sup>rd</sup> 1879*
4. Place of Birth (Street and Number) *114 Caroline St*
5. Full Name of Mother *Mary Schmidt*
6. Mother's Maiden Name *Mary Holt*
7. Mother's Birthplace *United States*
8. Full Name of Father *Charles Schmidt*
9. Father's Occupation *Thurcian*
10. Father's Birthplace *United States*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Cooper*
- Address *52 E Lombard St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*  
1. Sex (state whether male or female) *female*  
2. Race or Color (if not of the white race)  
3. Date of Birth *September 3rd 1879*  
4. Place of Birth (Street and Number) *54 Gay St.*  
5. Full Name of Mother *Barbara Schaler*  
6. Mother's Maiden Name *Barbara Apich W*  
7. Mother's Birthplace *United States*  
8. Full Name of Father *John Schaler*  
9. Father's Occupation *Restaurateur*  
10. Father's Birthplace *United States*  
Name of Medical Attendant, or other Person who makes this Return. *Sarah Casser*  
Address *528 Lombard St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

23338

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth September 13
4. Place of Birth (Street and Number) No 341 Mulberry st
5. Full Name of Mother Mary A. Peregoy
6. Mother's Maiden Name Mary A. McKinley
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Thomas Peregoy
9. Father's Occupation Hashman
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter
- Address 21 N. Poppleton St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33339

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 3 of September 1879
4. Place of Birth (Street and Number) 188 Lemmon St.
5. Full Name of Mother Anna Maria Beckmann
6. Mother's Maiden Name Maria Pflager
7. Mother's Birthplace Germania
8. Full Name of Father John George Beckmann
9. Father's Occupation Schmucker.
10. Father's Birthplace Germania
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. W. W. W.
- Address 5 Laurens St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33340

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept the 3<sup>rd</sup> 1879
4. Place of Birth (Street and Number) 48 Bevier St
5. Full Name of Mother Ernestine Welke
6. Mother's Maiden Name " " Klein
7. Mother's Birthplace Germany
8. Full Name of Father Louis Welke
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Katharine Meisch
- Address No 8 Leadenhall St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33311

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 9 1877

4. Place of Birth (Street and Number)

No. 253 W. Gay St

5. Full Name of Mother

H. C. Mitchell

6. Mother's Maiden Name

H. C. Sable

7. Mother's Birthplace

Balto

8. Full Name of Father

L. L. Mitchell

9. Father's Occupation

Adams Express Co.

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Spencer Hillegeist

Address

No 1828 Trueman St

Remarks



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



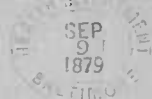
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 3<sup>rd</sup> 1879*
4. Place of Birth (Street and Number) *89 East Madison St.*
5. Full Name of Mother *Katherine Kearney*
6. Mother's Maiden Name *Katherine Fitzpatrick*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick Kearney*
9. Father's Occupation *Saloon Keeper*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Silas W. Hunter M.D.*
- Address *36 Greenmount Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

53313



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Sept. 3 d. 1879
4. Place of Birth (Street and Number) Con. & Monument & Kaslo Str.
5. Full Name of Mother Babete Hecker
6. Mother's Maiden Name Babete Wagner
7. Mother's Birthplace Germane
8. Full Name of Father Heinrich Hecker
9. Father's Occupation Worker
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Mr. R. Rustigen
- Address 134 ss Bondstr.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

333114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September the 3, 1879*

4. Place of Birth (Street and Number) *E. Lombard St. No 346,*

5. Full Name of Mother *Elisabetta Schoenlein*

6. Mother's Maiden Name *Elisabetta Elderworsel*

7. Mother's Birthplace *Duxum B. Prussen, Germany*

8. Full Name of Father *Lorenz Schoenlein*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Hernsdorf, B. Prussen, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Muller*

Address *N. Dallas St. No 26,*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

333115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

HEALTH DEPT  
SEP 3  
1879

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September 4th 3, 1879*

4. Place of Birth (Street and Number) *N. Bond St. N<sup>o</sup> 7.*

5. Full Name of Mother *Anne O'Neil*

6. Mother's Maiden Name *Anne Mooney*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Matthews O'Neil*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Müller*

Address *1. Dallas St. N<sup>o</sup> 26.*

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33346

SEP 8 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> Child

1. Sex (state whether male or female) \_\_\_\_\_
  2. Race or Color (if not of the white race) White
  3. Date of Birth September 3, 1879.
  4. Place of Birth (Street and Number) William A. No. 369.
  5. Full Name of Mother Mary Reynolds
  6. Mother's Maiden Name Mary Moon
  7. Mother's Birthplace Baltimore City
  8. Full Name of Father Edward Reynolds
  9. Father's Occupation Blacksmith
  10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return Mary E. Muller
- Address N. Dallas St. No. 26.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth Sept. 3,

4. Place of Birth (Street and Number) 59. Joffine Court Baltimore.

5. Full Name of Mother Kate Mills

6. Mother's Maiden Name Kate Brown

7. Mother's Birthplace Maryland

8. Full Name of Father George. Smith

9. Father's Occupation Drayman

10. Father's Birthplace Talbert County

Name of Medical Attendant, or other Person who makes this Return.

Mary Ann Dowry

Address Elbow Lane No 108

Remarks five dollars

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept the 3<sup>rd</sup> 1879*
4. Place of Birth (Street and Number) *1230 Canton ave*
5. Full Name of Mother *Marguertha Schmitz*
6. Mother's Maiden Name *" " Schenck*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Gerhard Schmitz*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Louise Kraft*
- Address *1236 Canton ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33349

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept the 3<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *74 Aliceanna St*
5. Full Name of Mother *Charlotte Eibert*
6. Mother's Maiden Name *" " Voigt*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Heinrich Eibert*
9. Father's Occupation *Watchmaker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Louise Kraft*
- Address *236 Canton ave*
- Remarks

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33360

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex (~~state whether~~ Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 30 1879*
4. Place of Birth (Street and Number) *#131. W. Calhoun St*
5. Full Name of Mother *Sallie Hill Banks*
6. Mother's Maiden Name *Sallie Hill Todd*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *George M. Banks*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Geo. B. Lyster*  
*#1 Waverley Terrace*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 3<sup>rd</sup> 79*
4. Place of Birth (Street and Number) *1417 W. Baltimore St.*
5. Full Name of Mother *Mary M. Hoffman*
6. Mother's Maiden Name *Mary M. Myforth*
7. Mother's Birthplace *Ind*
8. Full Name of Father *Philip W. Hoffman*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Ind*
- Name of Medical Attendant, or other Person who makes this Return. *D. Miller M.D.*
- Address *87 Indiana St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33352

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SEP 17 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept 4/79
4. Place of Birth (Street and Number) 52 W Eustan St
5. Full Name of Mother Elara Raymond Henrion
6. Mother's Maiden Name Elara Raymond
7. Mother's Birthplace Boston Mass
8. Full Name of Father Celestin Henrion
9. Father's Occupation Clerk
10. Father's Birthplace France
- Name of Medical Attendant, or other Person who makes this Return. R. H. Mifflin M.D.
- Address 64 W Paca St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33353

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Sept 4/79*  
 4. Place of Birth (Street and Number) *156 Madison St,*  
 5. Full Name of Mother *Mary J. Sindall*  
 6. Mother's Maiden Name *Mary J. Pimper*  
 7. Mother's Birthplace *Prine, Kern Co, Calif*  
 8. Full Name of Father *Geo Wm Sindall*  
 9. Father's Occupation *Carpenter*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *A. C. Pohl*  
 Address *101 W Boundary Ave*  
 Remarks *Vertex presentation*  
*Most of my cases occur in the country & are therefore not reported.*

# RETURN OF A BIRTH.

333571

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child*  
(state whether male or female) *Female*  
Race or Color (if not of the white race) *White*  
Date of Birth *September 4<sup>th</sup> 1879*  
Place of Birth (Street and Number) *No 572 Lexington Street, Baltimore City.*  
Full Name of Mother *Helen Eugenia Long,*  
Mother's Maiden Name *Helen Eugenia Boldin.*  
Mother's Birthplace *Baltimore City*  
Full Name of Father *William Thomas Long,*  
Father's Occupation *Tinner.*  
Father's Birthplace *Baltimore City.*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Hunter Midwife.*  
Address *21 W Pappellton St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SEP  
26  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 21<sup>st</sup> 79

4. Place of Birth (Street and Number)

2511 Columbia Avenue

5. Full Name of Mother

Mary Stibbe

6. Mother's Maiden Name

~~Hoffman~~ Hahrmeyer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Peter Stibbe

9. Father's Occupation

Wholesale

10. Father's Birthplace

Murkumburg

Name of Medical Attendant, or other Person who makes this Return.

Mary Birch

Address

328 S. Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35356

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *4 Sept.*
4. Place of Birth (Street and Number) *31 Barnes St.*
5. Full Name of Mother *Sophia Wiscott*
6. Mother's Maiden Name *Paruska*
7. Mother's Birthplace *Wolesile Bohemia*
8. Full Name of Father *Anton B. Wiscott*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Tadzykov Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Hanna*
- Address *20 Barnes St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33357

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth (Street and Number) \_\_\_\_\_
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this return \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33351

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *14th Sept. 79*
3. Date of Birth *Sept 4th 79*
4. Place of Birth (Street and Number) *148 N High st*
5. Full Name of Mother *Susan*
6. Mother's Maiden Name *Dougherty*
7. Mother's Birthplace *Balt City*
8. Full Name of Father *John H. England*
9. Father's Occupation *Rail road*
10. Father's Birthplace *Friedrich Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *S. F. Coymor M.D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 4<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Baltimore Scott St N<sup>o</sup> 22*
5. Full Name of Mother *Mary Egles*
6. Mother's Maiden Name *M<sup>rs</sup> Kentz*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John Egles*
9. Father's Occupation *Plumber*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Mitchell*
- Address *N<sup>o</sup> 140 Ramsey St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 14 d. 1879
4. Place of Birth (Street and Number) 501 E. Monmouth Str.
5. Full Name of Mother Juliane Wagner
6. Mother's Maiden Name Juliane Bauer
7. Mother's Birthplace Baltimore
8. Full Name of Father Johann Wagner
9. Father's Occupation Butcher
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 Bond Str.
- Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Sept. 4 d. 1879
4. Place of Birth (Street and Number) 124 Lott.
5. Full Name of Mother Maria Landenschlager
6. Mother's Maiden Name Mari Buschhardt
7. Mother's Birthplace Baltimore
8. Full Name of Father Heinrich Landenschlager
9. Father's Occupation Cigar maker
10. Father's Birthplace German Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Maria R. Ruehiger
- Address 134 S. Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 4<sup>th</sup> 1819
4. Place of Birth (Street and Number) Baltimore Anny St. 101
5. Full Name of Mother Alice Myers
6. Mother's Maiden Name White
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Myers
9. Father's Occupation Minister
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. C. Whitcomb
- Address St. Louis Kansas
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT.  
OCT 21 1879  
IMOR

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 11th 1879
4. Place of Birth, (Street and Number) 117 Prince St
5. Full Name of Mother Anna Rouse
6. Mother's Maiden Name Abner Pickens
7. Mother's Birthplace Northland
8. Full Name of Father John Rouse
9. Father's Occupation House Carpenter
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Marcel A. Pickens
- Address 1185 Lee Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

333617

OCT  
11  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *September 24<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *62 Asg with Str*  
5. Full Name of Mother *Rachel New*  
6. Mother's Maiden Name  
7. Mother's Birthplace *City of Baltimore*  
8. Full Name of Father *Markes New*  
9. Father's Occupation *Horse dealer*  
10. Father's Birthplace *Germany*  
Name of Medical Attendant, or other Person who makes this Return. *A. Brownson M.D.*  
Address *254 W. Caroline Str*  
Remarks *Child well developed but weakly*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33363

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Born Sep 11th*
4. Place of Birth (Street and Number) *Baltimore No 80 Unit 1*
5. Full Name of Mother *Margaret Garrison*
6. Mother's Maiden Name *Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Garrison*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Decline W. Wilson*
- Address *241 Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 4<sup>th</sup> 1879

4. Place of Birth (Street and Number)

236 Barks St

5. Full Name of Mother

Barbara Baisline

6. Mother's Maiden Name

" Kimmel

7. Mother's Birthplace

City

8. Full Name of Father

John Baisline

9. Father's Occupation

Laborer

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Eliza Lett Betz

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth September 4 1879
4. Place of Birth (Street and Number) 333 Hamburg Street.
5. Full Name of Mother Elisabetha Fint.
6. Mother's Maiden Name Elisabetha Fint.
7. Mother's Birthplace Germania
8. Full Name of Father George William Fint.
9. Father's Occupation Shoemaker
10. Father's Birthplace Germania
- Name of Medical Attendant, or other Person who makes this Return. Professor Wülf
- Address 5 Landonville St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.)

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Tuesday morning 4<sup>th</sup> September
3. Date of Birth
4. Place of Birth (Street and Number) Sharp Street No 344
5. Full Name of Mother Maria Anna Wippert
6. Mother's Maiden Name Maria A. Luv
7. Mother's Birthplace Germania
8. Full Name of Father Friedrich Wippert
9. Father's Occupation G. Schuhmacher
10. Father's Birthplace Germania
- Name of Medical Attendant, or other Person who makes this Return. Prof. J. M. King
- Address 6 Landonfall Street
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) *Girl*

2. Race or Color (if not of the white race) *Caucas*

3. Date of Birth *Sept 1st 1879*

4. Place of Birth (Street and Number) *58 Bayswater Alley*

5. Full Name of Mother *Louisa Butler*

6. Mother's Maiden Name

7. Mother's Birthplace *Plain Point Calvert Co. Maryland*

8. Full Name of Father *James Butler*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Beth City*

Name of Medical Attendant, or other Person who makes this Return. *Heborah Thomas*

Address *71 Bayswater Alley*

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33370

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 4<sup>th</sup> 1879

4. Place of Birth (Street and Number)

13189 1st St

5. Full Name of Mother

Ellen M Church

6. Mother's Maiden Name

Ellen M Dunsen

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

Thomas F Church

9. Father's Occupation

Waterman

10. Father's Birthplace

Philadelphia

Name of Medical Attendant, or other Person who makes this Return.

Mrs Wiley

Address

No 12. Patterson Park Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33371

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *4 of September 1879*
4. Place of Birth (Street and Number) *502 Canton Av*
5. Full Name of Mother *Meria Lang*
6. Mother's Maiden Name *Meria Magan*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Conrad Lang*
9. Father's Occupation *Salora*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*
- Address *No 132 Patterson Park*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

Sept 4<sup>th</sup> 1879

S. E. Cor Columbia and Weymouth St

Mary L. Duggan Fresh

Mary Catherine Gleissel

Balt. Md

Chris Fresh

Plumber

Balt. Md

H. L. Spencer M.D.

379 W. Lombard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent(s), and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33373



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 4<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *1679 Gaydell st*
5. Full Name of Mother *Louise Brendel*
6. Mother's Maiden Name *Brinkman*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Frank Brendel*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return *J. Lohwasser midwife*
- Address *330 Hanover st.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) color

3. Date of Birth 4 of September

4. Place of Birth (Street and Number) 180 Howard street

5. Full Name of Mother Hester Hommon

6. Mother's Maiden Name Hester Lowmack

7. Mother's Birthplace and mack for jinner

8. Full Name of Father peter lowmack

9. Father's Occupation Stedown on the woof

10. Father's Birthplace West for jinner

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address 181 York street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33375

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~Eighth~~ Eighth  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 4<sup>th</sup> 1879.

4. Place of Birth (Street and Number)

No. 431 Lanvale St.

5. Full Name of Mother

Catherine Knabe.

6. Mother's Maiden Name

Schneider.

7. Mother's Birthplace

Germany

8. Full Name of Father

John Knabe.

9. Father's Occupation

Provision Dealer.

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33376

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 4th, 1879*
4. Place of Birth (Street and Number) *N. Dallas St. No. 153.*
5. Full Name of Mother *Louise Bremmer*
6. Mother's Maiden Name *Louise Schays*
7. Mother's Birthplace *Badenfelde Pr. Preussen. Germany*
8. Full Name of Father *Heinrich Bremmer*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Badenfelde Pr. Preussen. Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Harry E. Müller*
- Address *N. Dallas St. No. 26.*
- Remarks \_\_\_\_\_





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33377

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 14<sup>th</sup> of September
4. Place of Birth (Street and Number) 47 president st
5. Full Name of Mother Jacsa Ditmias
6. Mother's Maiden Name Husner
7. Mother's Birthplace Germany
8. Full Name of Father George Ditmias
9. Father's Occupation Bricklayer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No 96 Granby St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33378

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 4th 1879

4. Place of Birth (Street and Number)

24 E. Lombard St.

5. Full Name of Mother

Selma Stafford

6. Mother's Maiden Name

Selma Kiehl

7. Mother's Birthplace

Germany

8. Full Name of Father

John C. Stafford

9. Father's Occupation

Leather Dealer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cooke M.D.

Address

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33379

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2  
 1. Sex (state whether Male or Female)... Female  
 2. Race or Color (if not of the white race)... White  
 3. Date of Birth... September 4  
 4. Place of Birth (Street and Number)... N. 12 President st  
 5. Full Name of Mother... Mary Renolds  
 6. Mother's Maiden Name... Mary Collins  
 7. Mother's Birthplace... America  
 8. Full Name of Father... James Renolds  
 9. Father's Occupation... labor  
 10. Father's Birthplace... America  
 Name of Medical Attendant, or other Person who makes this Return... Eliza Gehring  
 Address... N. 95 Albemarle st  
 Remarks... healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33350

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ male or female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

September 2<sup>d</sup> 1879  
101 Cassatt St.  
Emma V. Warner  
Emma V. Williams  
Baltimore Co. Md.  
John W. Warner  
Merchant  
Baltimore City Md.  
John L. V. Hagedred  
" " " "

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33381

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *M*

1. Sex (state whether male or female) *5- Boys two Girls*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *5- September*

4. Place of Birth (Street and Number) *409 Jackson Street*

5. Full Name of Mother *Caroline M. Bucher*

6. Mother's Maiden Name *Caroline M. Stump*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John C. Bucher*

9. Father's Occupation *Brick Layer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. L. L. L.*

Address *21 N. Poppleton St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39352

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3.4.*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 5<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *Baltimore Cliffton St. 10*

5. Full Name of Mother *Annie Golden*

6. Mother's Maiden Name *Blutcher*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *James Golden*

9. Father's Occupation *Labour*

10. Father's Birthplace *Cleveland*

Name of Medical Attendant, or other Person who makes this Return. *Marion C. Mitchell*

Address *N. 140 Ramsey St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33313

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

5th September

4. Place of Birth (Street and Number)

63 Elliott St

5. Full Name of Mother

Catherine Foley

6. Mother's Maiden Name

Boyd

7. Mother's Birthplace

Ireland

8. Full Name of Father

Charles Foley

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

E. J. Williams M.D.

Address

114 Baltimore St

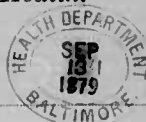
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32384

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *5th September*

4. Place of Birth (Street and Number) *2115 E. Green St.*

5. Full Name of Mother *Louisa Baker*

6. Mother's Maiden Name *" Greenhall*

7. Mother's Birthplace *Pensylvania*

8. Full Name of Father *Henry Baker*

9. Father's Occupation *Wagoner*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Wm M. A. Bell*

Address *185 Central St.*

Remarks *All well*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

23350

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 5 September 1879.
4. Place of Birth (Street and Number) Brown St. 15.
5. Full Name of Mother Janet Keiser King Lane
6. Mother's Maiden Name Janet Keiser
7. Mother's Birthplace German
8. Full Name of Father Simon King
9. Father's Occupation Shoe Maker
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune
- Address Battery Road 114.
- Remarks

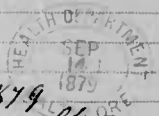
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33386

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept the 5<sup>th</sup> 1879
4. Place of Birth (Street and Number) 180 S. Durham St
5. Full Name of Mother Anna Meier
6. Mother's Maiden Name " Scheibenzief
7. Mother's Birthplace Baltimore
8. Full Name of Father Heinrich Meier
9. Father's Occupation Wooster
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft
- Address 236. Canton ave
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33357

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 5<sup>th</sup> 1879
4. Place of Birth (Street and Number) 207 S. Wolf St
5. Full Name of Mother Augusta Bierbuch
6. Mother's Maiden Name Kremske
7. Mother's Birthplace Germany
8. Full Name of Father August Bierbuch
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Louisa Kraft
- Address 236 Canton Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

73388

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH  
SEP  
11  
1879

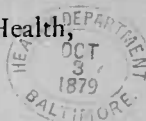
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Clara Bucher 3rd child
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 5 of September
4. Place of Birth (Street and Number) Baltimore do 5 Backus court
5. Full Name of Mother Clara Bucher
6. Mother's Maiden Name Clara Regla
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Bucher
9. Father's Occupation Parser
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter
- Address 21 N. Capron St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33389

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *5th Sept.*
4. Place of Birth (Street and Number) *69 Burke st*
5. Full Name of Mother *Elizabeth Hartenstine*
6. Mother's Maiden Name *Elizabeth Spird*
7. Mother's Birthplace *Berk Co Pa*
8. Full Name of Father *Logans Hartenstine*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Chester Co Pa*
- Name of Medical Attendant, or other Person who makes this return *Mrs Sarah Sullivan*
- Address *104 Conkey st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33390

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_ *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_ *White*
3. Date of Birth \_\_\_\_\_ *Dec 5 1879*
4. Place of Birth (Street and Number) \_\_\_\_\_ *Chester & Ryser*
5. Full Name of Mother \_\_\_\_\_ *Eliza M Foster*
6. Mother's Maiden Name \_\_\_\_\_ *" Gluck*
7. Mother's Birthplace \_\_\_\_\_ *Balt-*
8. Full Name of Father \_\_\_\_\_ *John M Foster*
9. Father's Occupation \_\_\_\_\_ *Builder*
10. Father's Birthplace \_\_\_\_\_ *Balt-*
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_ *W. H. White M.D.*
- Address \_\_\_\_\_ *341 N. Broadway*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 5, 1879.*
4. Place of Birth (Street and Number) *No 11 Elizabeth Lane*
5. Full Name of Mother *Margareth Meyer*
6. Mother's Maiden Name *Margareth Betz*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Charles Meyer*
9. Father's Occupation *Miller*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Horner*
- Address *No 106 West St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 5 September

4. Place of Birth (Street and Number) No 66 Bond Street

5. Full Name of Mother Barbara Swarnest

6. Mother's Maiden Name Sielick

7. Mother's Birthplace Baltimore

8. Full Name of Father Richard Swarnest

9. Father's Occupation Wheeling

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 20 Greenly St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

3339.3



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) 2 Males

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 5<sup>th</sup> 1879

4. Place of Birth (Street and Number) 224 N. St.

5. Full Name of Mother Mary Affie Schwesinger

6. Mother's Maiden Name George Affie

7. Mother's Birthplace Germany

8. Full Name of Father George Schwesinger

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 151 South Wolfe St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *color*
3. Date of Birth *on the 5<sup>th</sup> of september*
4. Place of Birth (Street and Number) *62 Handow street*
5. Full Name of Mother *Sarah Robeson*
6. Mother's Maiden Name *Sarah Robbet*
7. Mother's Birthplace *Washington D.C.*
8. Full Name of Father *Gustut Robson*
9. Father's Occupation *Patent Office in Washington*
10. Father's Birthplace *Washington D. C.*
- Name of Medical Attendant, or other Person who makes this Return. *Milly Gross*
- Address *181 York street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14 child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 6 1879*
4. Place of Birth (Street and Number) *33 corner of*
5. Full Name of Mother *Margaret Allen*
6. Mother's Maiden Name *Margaret Allen*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Allen*
9. Father's Occupation *laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *P. C. Allen & J. Garrett*
- Address *65 South St*
- Remarks

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33396

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 5th 1879

4. Place of Birth (Street and Number)

N W corner Green & Wayne st

5. Full Name of Mother

Kate Hipsley

6. Mother's Maiden Name

Kate Knott

7. Mother's Birthplace

Hagerstown Washington Co Md.

8. Full Name of Father

Thomas Hipsley

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

T Edward Kirby M.D.

Address

No 24 Columbia Avenue

Remarks

# RETURN OF A BIRTH.

33397

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

first Mary Ann Tillaboy

State whether Male or Female

female

Color (if not of the white race)

collard

Birth

September 5 18 77

Birth (Street and Number)

Concord St. No 4

Name of Mother

Leannier Leitch

Maiden Name

not married

Birthplace

epick county virginia

Name of Father

Nelson madison

Occupation

labor

Birthplace

virginia

Medical Attendant, or other Person who makes this Return.

Leannier Leitch

union st No 24

sick from its Birth with cold

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33395

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) *W*

3. Date of Birth *Apr. 6. 1879*

4. Place of Birth (Street and Number) *201 Howard St*

5. Full Name of Mother *Hennetta Rosenblatt*

6. Mother's Maiden Name *" Schmidt*

7. Mother's Birthplace *Balk*

8. Full Name of Father *Sigmond Rosenblatt*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *C. H. Patterson M.D.*

Address *28 Franklin St*

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, SEP 19

**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. *Date of Birth*

4. *Place of Birth (Street and Number)*

5. *Full Name of Mother*

6. *Mother's Maiden Name*

### 7. Mother's Birthplace

8. *Full Name of Father*

9. *Father's Occupation*10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33400

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3rd, &c.)

1. Sex (state whether ~~Male~~ or Female) White
  2. Race or Color (if not of the white race) White
  3. Date of Birth Oct 1st
  4. Place of Birth (Street and Number) 114 S. Madison St.
  5. Full Name of Mother Christina Pope
  6. Mother's Maiden Name Christina Thuermer
  7. Mother's Birthplace Germany
  8. Full Name of Father Charles H. Pope
  9. Father's Occupation Painter
  10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Chas. H. Pope
- Address No. 11 Maryland Ave.
- Remarks Normal Presentation



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

3.3.11.11

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

SEP 23 1879  
BALTIMORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 6<sup>th</sup> 1879.
4. Place of Birth (Street and Number) 1st Bank St - Baltimore Md.
5. Full Name of Mother Mary V. Kyle.
6. Mother's Maiden Name " " Peal.
7. Mother's Birthplace Norfolk Va
8. Full Name of Father Wm. H. Kyle
9. Father's Occupation Fireman
10. Father's Birthplace Nashville Tenn.
- Name of Medical Attendant, or other Person who makes this Return. M. A. Davenport.
- Address 184 Leigh St.
- Remarks Both in excellent health

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept. 6 d 1879*
4. Place of Birth (Street and Number) *125 S. Bethel str.*
5. Full Name of Mother *Sophia Miller*
6. Mother's Maiden Name *Le. Neier*
7. Mother's Birthplace *German*
8. Full Name of Father *Peter Miller*
9. Father's Occupation *Kabender*
10. Father's Birthplace *German*
- Name of Medical Attendant, or other Person who makes this Return *Marie R. Rudiger*
- Address *134 S. Bond str.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 6 d. 1899

4. Place of Birth (Street and Number)

Harportrot

5. Full Name of Mother

Ana Klara Nordmeyer

6. Mother's Maiden Name

A. Kl. Beiswinger

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Heinrich Nordmeyer

9. Father's Occupation

Butcher

10. Father's Birthplace

German

Name of Medical Attendant, or other Person who makes this Return.

Marie R. Rudiger

Address

134 W. Bond St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

OCT  
27  
1879

IMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

Colored

Sept 6<sup>th</sup> 1879

1115 N. Dallas St

Sadie Taylor

Sadie Aswell

Harredelance Harpord Co

Jaques Taylor

Taylor

St Marys Co. Md.

Leah Walker

198 S. Dallas St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th.*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 6, 1879*
4. Place of Birth (Street and Number) *No. 4 Olive St. near Washington*
5. Full Name of Mother *Anna Kessler*
6. Mother's Maiden Name *Hardister*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *George Kessler*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. D. Bull*
- Address *No. 185 N. E. cor. Central av. L. Monument St.*
- Remarks *W.C. Well*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33406

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE, CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup> Child

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

3. Date of Birth

Sept. 6<sup>th</sup> 1877.

4. Place of Birth (Street and Number)

92 Barre St.

5. Full Name of Mother

Mattie Reirbower

6. Mother's Maiden Name

" Hamilton.

7. Mother's Birthplace

Balto. City.

8. Full Name of Father

Dr. Chas E. Reirbower

9. Father's Occupation

Dentist.

10. Father's Birthplace

Balto. City.

Name of Medical Attendant, or other Person who makes this return

R. J. N. Tall. M.D.  
152 Sharp St.

Address

Remarks



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Sept the 6<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *242 Canton ave*  
5. Full Name of Mother *Charerina Stevens*  
6. Mother's Maiden Name *" " Oblers*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Frank Stevens*  
9. Father's Occupation *House Carpenter*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Louise Kraft*  
Address *236 Canton ave*  
Remarks



Fill out any (any) person, according to their, mother, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33117

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>d</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 1<sup>st</sup> 1879*
4. Place of Birth (Street and Number) *242 Canton ave*
5. Full Name of Mother *Ranigunda Wolfel*
6. Mother's Maiden Name *" " Burtling*
7. Mother's Birthplace *Germany*
8. Full Name of Father *George Wolfel*
9. Father's Occupation *Master of Ship*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Louise Kraft*
- Address *236 Canton ave*
- Remarks





at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. the 6<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *42 S Wolf St.*
5. Full Name of Mother *Maria Felling*
6. Mother's Maiden Name *" " Moser*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Ernst Felling*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Louise Thraft,*
- Address *236 Canton ave.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

September 6th 1879  
146 Chaptank St

4. Place of Birth (Street and Number)

5. Full Name of Mother

Adèle Manuel

6. Mother's Maiden Name

Adèle Berthogen

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Manuel

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Samuel Barker

Address

322 East Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *September 6<sup>th</sup> 1879, At 10 minutes to 10 o'clock P.M.*
4. Place of Birth (Street and Number) *Lanvale Street Number 114*
5. Full Name of Mother *Mary A. Glocker*
6. Mother's Maiden Name *Mary A. Kirby*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *Theodore W. Glocker*
9. Father's Occupation *Physician*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore W. Glocker M.D.*
- Address *N<sup>o</sup> 114 Lanvale Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SEP 9 1879

- No. of Child of Mother, (state whether 1<sup>st</sup>, 2d, 3<sup>d</sup>, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 6<sup>th</sup> 1879
4. Place of Birth (Street and Number) St. Peter. 124
5. Full Name of Mother Marion E. Hendon
6. Mother's Maiden Name Burke
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. Hendon
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. St. L. Oliver
- Address 379 W. Lombard St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 17 September 1879
4. Place of Birth (Street and Number) 17 East Bond St
5. Full Name of Mother Anne Adams
6. Mother's Maiden Name Anne Hall
7. Mother's Birthplace Caroline county
8. Full Name of Father William Hall
9. Father's Occupation Teacher
10. Father's Birthplace North Carolina
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. Wappeler
- Address 10 North Wappeler St Baltimore
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 6th 1879
4. Place of Birth (Street and Number) 678 98 Beach alley
5. Full Name of Mother Catharine Henkel
6. Mother's Maiden Name Hildebrandt
7. Mother's Birthplace Germany
8. Full Name of Father John M. Henkel
9. Father's Occupation Boat maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Schaeffer midwife
- Address 530 Hanover st.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

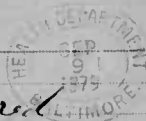
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) of female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Saturday the 6<sup>th</sup>
4. Place of Birth (Street and Number) No 7 Castle St
5. Full Name of Mother Matilda Garis
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace Harford County
8. Full Name of Father John Garis
9. Father's Occupation Sailor
10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return.

Address \_\_\_\_\_

Remarks

Maria Pack



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

331416

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *904*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 6<sup>th</sup> 1899*
4. Place of Birth (Street and Number) *St. West 1st St. No. 1*
5. Full Name of Mother *Ada Robinson*
6. Mother's Maiden Name *Ada Tipt*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Tipt*
9. Father's Occupation *Welder*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *C. W. H. H. H. H.*
- Address *529 West Lombard St*
- Remarks *Living Well*





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33417

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

6th September

4. Place of Birth (Street and Number)

No 18 Woodward St

5. Full Name of Mother

Mollie ~~Miller~~ Perkins

6. Mother's Maiden Name

Hills

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Perkins

9. Father's Occupation

Telegraph Operator

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Wm. May Horgan

Address

No 112 Scott St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33419

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SEP  
1879

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 6th 1879, 11.39 a.m.*
4. Place of Birth (Street and Number) *No 607 W Lombard St.*
5. Full Name of Mother *Mary Ann Ledley*
6. Mother's Maiden Name *" " Willens*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Benjamin Palk Ledley*
9. Father's Occupation *Collec.*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Pembroke W. Womble M.D.*
- Address *No 203 W. Lombard St.*
- Remarks *Plural Birth*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

334-18

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 6th 1879 10.35 A.M.*
4. Place of Birth (Street and Number) *No 607 St. Lombard St.*
5. Full Name of Mother *Mary Ann Sedley*
6. Mother's Maiden Name *" " Hillen*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Benjamin Palk Sedley*
9. Father's Occupation *Cluck*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. H. H. H. H.*
- Address *No 233 St. Lombard St.*
- Remarks *Plural Birth*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

September 7<sup>th</sup> 1879

379 W. Lombard St.

Jennie King

Jennie Kraft

Baltimore

Mr. King.

Grocer

Baltimore

A. L. Spicer

379 W. Lombard St.

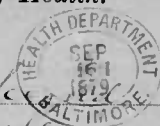
# RETURN OF A BIRTH.

Baltimore, Md. 15<sup>th</sup> 1879

331121

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**



Child of Mother, (state whether 1st, 2d, 3d, &c.)

Whether male or female

Color (if not of the white race)

Birth

Birth (Street and Number)

Name of Mother

Maiden Name

Birthplace

Name of Father

Occupation

Birthplace

Medical Attendant, or other Person who makes this Return.

Born with Omphalocele and completely enveloped by sac

with umbilical cord closely looped around the neck. During operation

suspended in a position, the manipulation of the application of the

instrument which was successfully accomplished requiring little hemorrhage

until blood & system were sufficiently oxygenated.

Male  
White American  
September 1<sup>st</sup> 1879  
1411 Lancaster Street, Baltimore  
Priscilla Miller  
Priscilla L. Simpson  
Reading, Penna.  
Jeremiah Miller  
Printer  
Philadelphia, Penna.  
J. N. Mercer 54 Dec St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *# 7 Pleasant St*
4. Place of Birth (Street and Number) *Sept 10<sup>th</sup> 1879*
5. Full Name of Mother *M. A. C. Clark*
6. Mother's Maiden Name *Mary Ann Cosgrove*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *W. H. Clark*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Quinn*
- Address *# 171 S Washington St.*
- Remarks

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 7<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *19 3 Bakers Court*
5. Full Name of Mother *Katy. Care*
6. Mother's Maiden Name *Katy Klein*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Aug Carl*
9. Father's Occupation *Cabinet Maker*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Th. Seaback*
- Address *No 439 West Pratt street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3311211-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth Sept 7 1879

4. Place of Birth (Street and Number) 272 Howard St Baltimore City

5. Full Name of Mother Louisa D. C.

6. Mother's Maiden Name Louisa Webster

7. Mother's Birthplace Virginia

8. Full Name of Father Robert Lee

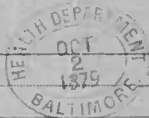
9. Father's Occupation Boiler B. & H. R. Co.

10. Father's Birthplace Massachusetts

Name of Medical Attendant, or other Person who makes this Return. G. A. Wiley M. D.

Address \_\_\_\_\_

Remarks \_\_\_\_\_





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

331125

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if nat of the white race)

White

3. Date of Birth

Sept. 7<sup>th</sup>

4. Place of Birth (Street and Number)

Unionist Hospital

5. Full Name of Mother

Elizabeth Evans

6. Mother's Maiden Name

Elizabeth Evans

7. Mother's Birthplace

Iowa

8. Full Name of Father

Joshua Evans

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

D. B. Bruce M.D.

Address

Unionist Hospital

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 7th 1879*

4. Place of Birth (Street and Number) *154. Second St*

5. Full Name of Mother *Mary Elizabeth Williams*

6. Mother's Maiden Name *" "* *Barley*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Hollock Bromley Williams*

9. Father's Occupation *Keeping Boarding House*

10. Father's Birthplace *Plattsburg New York*

Name of Medical Attendant, or other Person who makes this Return. *J. B. Harrison*

Address *231 N. Frederick St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 7 September
4. Place of Birth (Street and Number) 119 Spring St
5. Full Name of Mother Margarette Coleman
6. Mother's Maiden Name Maryette Schweitzer
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Coleman
9. Father's Occupation car driver
10. Father's Birthplace Germantown
- Name of Medical Attendant, or other Person who makes this Return. Sophia Dinsion
- Address 1080 Grandy Street
- Remarks
- ✓

What any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

September 7<sup>th</sup> 1879

4. Place of Birth (Street and Number)

17<sup>th</sup> Canal St

5. Full Name of Mother

Ellen Burns

6. Mother's Maiden Name

Ellen Wine

7. Mother's Birthplace

Ireland

8. Full Name of Father

Denis Burns

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Sarah Carter

Address

52 East Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex (state whether male or female) *male*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *September 7<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *615 Thomas Str*  
 5. Full Name of Mother *Mina Pinker*  
 6. Mother's Maiden Name *Mina Pinker*  
 7. Mother's Birthplace *United States*  
 8. Full Name of Father *George Pinker*  
 9. Father's Occupation *Restaurant*  
 10. Father's Birthplace *United States*  
 Name of Medical Attendant, or other Person who makes this Return. *Sarah Cooper*  
 Address *52 cent Lombard St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Fourth.

Female.

Colored

September 7<sup>th</sup> 1879

17 Sallaw St.

Sadie Taylor.

Sadie Copper.

Hofconly, Md.

Edmund Taylor.

Laborer.

St. Mary's County.

Wm. R. Baker.

49 S. Sallaw St.

1. I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept- 7<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *103 Pine*
5. Full Name of Mother *Josephine Hallon*
6. Mother's Maiden Name *Josephine Gickenthal*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John C. Hallon*
9. Father's Occupation *Cinner*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Hunter*
- Address *210 1/2 Poppleton st*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

(state whether male or female)

or Color (if not of the white race)

Age of Birth

Place of Birth (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5<sup>th</sup> Child

Female

White race.  
September the 7. 1879

10 No 30 Waver St

Mary P Townsend

Mary P Cardell

Baltimore

Charles Townsend

Car. Spicer

Baltimore

Susan Shuster

21 N<sup>o</sup> Poppleton St

SEP 11 1879  
HEALTH DEPT  
BALTIMORE

33432



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Haley  
Haley
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth Sept the 7th 1879
4. Place of Birth (Street and Number) 48 of North E. Lombard St
5. Full Name of Mother Josephine Jones
6. Mother's Maiden Name Josephine Brown
7. Mother's Birthplace Baltimore MS
8. Full Name of Father John Jones
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore MS
- Name of Medical Attendant, or other Person who makes this Return. Franker Anderson
- Address \_\_\_\_\_
- Remarks S. Anderson

1. If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *September 7/79*  
 1. Sex (state whether male or female) *Boy*  
 2. Race or Color (if not of the white race) *—*  
 3. Date of Birth *Sept 7*  
 4. Place of Birth (Street and Number) *ap. 4 St. Peter Street*  
 5. Full Name of Mother *Mrs. Elizabeth Heinemann*  
 6. Mother's Maiden Name *Elizabeth Gabel*  
 7. Mother's Birthplace *Elkrode Herreu Harsel*  
 8. Full Name of Father *John Heinemann*  
 9. Father's Occupation *Iron Maker*  
 10. Father's Birthplace *Grovenhagen Lippe Detmold Preuss*  
 Name of Medical Attendant, or other Person who makes this Return. *Barthelme May*  
 Address *8 ...*  
 Remarks

33431



that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 7 September
4. Place of Birth (Street and Number) No 10 Green St
5. Full Name of Mother Mary Frank
6. Mother's Maiden Name Howe
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Frank
9. Father's Occupation None
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Officer Minor
- Address No 70 Green St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33736

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Sept 25



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 25 1879

4. Place of Birth (Street and Number) 25 South Wolfe St

5. Full Name of Mother Esther Gengler

6. Mother's Maiden Name Katie Krugel

7. Mother's Birthplace America

8. Full Name of Father Simon Gengler

9. Father's Occupation Carpenter

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Ward

Address 15 South Wolfe St.

Remarks (P)

I, Dr. J. H. Lumbard, physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

234137

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 7th 1879

4. Place of Birth (Street and Number) 202 S. Sharp St. City

5. Full Name of Mother Lena Smith

6. Mother's Maiden Name '

7. Mother's Birthplace Germany

8. Full Name of Father unknown

9. Father's Occupation unknown

10. Father's Birthplace unknown

Name of Medical Attendant, or other Person who makes this Return. J. H. Lumbard M.D.

Address 637 N. Lombard St

Remarks Mother and child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

# RETURN OF A BIRTH.

33438

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *September 7<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *105 Morton Alley near Charles Str.*
5. Full Name of Mother *Mary Virginia Coles*
6. Mother's Maiden Name *" " Harris.*
7. Mother's Birthplace *Appomattox Co. Virginia*
8. Full Name of Father *James Coles*
9. Father's Occupation *Cook*
10. Father's Birthplace *Adams Co. Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Halsted Boyland Jr. D.*
- Address *29 North Boundary Ave.*
- Remarks *Long tedious labor with insufficient pains.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33439

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 7 1879 8:20 P. M.*

4. Place of Birth (Street and Number) *327 St. Carline*

5. Full Name of Mother *Eliza Ann Chap*

6. Mother's Maiden Name *Eliza Ann Graham*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *David Hilary Green*

9. Father's Occupation *Ex. Serv. Mary Ashurst*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return.

*James E. Drinnelle M.D.*

Address *277 E. Baltimore Street*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3344-0

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 7th 1879*
4. Place of Birth (Street and Number) *No 317 W. Lexington St. Balt.*
5. Full Name of Mother *Henrietta Sophia Prior*
6. Mother's Maiden Name *Potomac*
7. Mother's Birthplace *Milwaukee Wis.*
8. Full Name of Father *Edward Augustus Prior*
9. Father's Occupation *Merchant, Toys & Notions.*
10. Father's Birthplace *Hanover Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Pembroke Dr. H. H. H. H. H.*
- Address *No 203 W. Lombard St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 8<sup>th</sup> 79
4. Place of Birth (Street and Number) 24 Johnson St
5. Full Name of Mother Elizabeth Stallow
6. Mother's Maiden Name Meyer
7. Mother's Birthplace Baltimore D
8. Full Name of Father Frank Stallow
9. Father's Occupation Clerk
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mary Wick
- Address 328 S. Eutan St.
- Remarks

I and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

331112

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 8th*
4. Place of Birth (Street and Number) *264 Park Gr.*
5. Full Name of Mother *Mary Linsley*
6. Mother's Maiden Name *" Mary*
7. Mother's Birthplace *N. Y. City*
8. Full Name of Father *Emory G. Linsley*
9. Father's Occupation *Brakeman on R.R.*
10. Father's Birthplace *Balto City*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. Hill M.D.*
- Address *361 Franklin St*
- Remarks *Delivered with forceps*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

334123

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> child* SEP 25 1879  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race)  
3. Date of Birth *8<sup>th</sup> Sept. 1879*  
4. Place of Birth (Street and Number) *36 Warren av.*  
5. Full Name of Mother *Annie E Davis*  
6. Mother's Maiden Name *Jury*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *James E Davis*  
9. Father's Occupation *Clerk*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *H. W. Webster M.D.*  
Address *57 Barnes st*  
Remarks

Like any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

331111

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept-8-1879

4. Place of Birth (Street and Number)

376 Washington st

5. Full Name of Mother

Annie Mary Reitzer

6. Mother's Maiden Name

" " Baierlipp

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Reiter

9. Father's Occupation

Baker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

Wm L Russell

Address

211 E Broadway

Remarks

any person, including, accountant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

531145

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept. 5th - 1879*
4. Place of Birth (Street and Number) *Central Av. 470*
5. Full Name of Mother *Mary E. G.*
6. Mother's Maiden Name *Leahy*
7. Mother's Birthplace *Balt. city*
8. Full Name of Father *Thomas H. Hargrove*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Richmond Va*
- Name of Medical Attendant, or other Person who makes this Return. *J. F. Boyman*
- Address
- Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33446

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race)
3. Date of Birth Sept. 8th 99.
4. Place of Birth (Street and Number) 148 N High st
5. Full Name of Mother Mary
6. Mother's Maiden Name Dougherty
7. Mother's Birthplace Balt City
8. Full Name of Father Franklin Hoover
9. Father's Occupation Carpenter
10. Father's Birthplace Balt County Md
- Name of Medical Attendant, or other Person who makes this Return. S. F. Boyer
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33447

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Fourth Child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *September 8th*  
 4. Place of Birth (Street and Number) *59 Orchard Street*  
 5. Full Name of Mother *Olivia Celestial Butler*  
 6. Mother's Maiden Name *Olivia Celestial Brent*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *William Henry Butler*  
 9. Father's Occupation *Waiter*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Wm. E. Thorne*  
 Address *No 74 Myron St Baltimore. Md*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3344-8

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 8<sup>th</sup>

4. Place of Birth (Street and Number)

University Hospital

5. Full Name of Mother

6. Mother's Maiden Name

Lottie Little

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

C. B. Brown, M.D.

Address

University Hospital.

Remarks



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sep 8
4. Place of Birth (Street and Number) 335 E Eager St
5. Full Name of Mother Elisa Green
6. Mother's Maiden Name Haynes
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Green
9. Father's Occupation Moulder
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Arnold J. Primmer
- Address No 7 Forrest Place
- Remarks \_\_\_\_\_

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33450

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth September 2 1872

4. Place of Birth (Street and Number) 136 Collington avenue

5. Full Name of Mother Anna M. Dingle

6. Mother's Maiden Name Anna M.

7. Mother's Birthplace Baltimore city

8. Full Name of Father don't know anything about the father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33157

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 8th*
4. Place of Birth (Street and Number) *No 11 Pleasant*
5. Full Name of Mother *Ellie Chester Mullen*
6. Mother's Maiden Name *Ellie Chester*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm - Mullen*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who make this Return. *Wm Whitridge M.D.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33459

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Color

3. Date of Birth

8 Sept

4. Place of Birth (Street and Number)

West St 182

5. Full Name of Mother

Isabella Sperry

6. Mother's Maiden Name

Isabella Sperry

7. Mother's Birthplace

Manchester

8. Full Name of Father

Wm. Henry ~~Sperry~~ Hill

9. Father's Occupation

Driving Cart

10. Father's Birthplace

Born in Westburg Va

Name of Medical Attendant, or other Person who makes this Return.

Jesse Bee

Address

Remarks

Read any physician, accountant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 8.*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *on the 8. of September*
4. Place of Birth (Street and Number) *188 Henrietta street*
5. Full Name of Mother *Charles Hammond*
6. Mother's Maiden Name *Charles Wolard*
7. Mother's Birthplace *Baltimore M. D.*
8. Full Name of Father *Mail Hammond*
9. Father's Occupation *Actor*
10. Father's Birthplace *Annray County*
- Name of Medical Attendant, or other Person who makes this Return. *Milly Gross*
- Address *181 York Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

334571

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



Name *Charles Wesley Dowling*  
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 8th 1879*

4. Place of Birth (Street and Number) *No 27 Ramsey St Back*

5. Full Name of Mother *Kate Christopher Dowling*

6. Mother's Maiden Name *Amorson*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Thomas James Dowling*

9. Father's Occupation *Printer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Dembie W. Throbley M.D.*  
*No 213 N Lombard St*

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 8<sup>th</sup>*
4. Place of Birth (Street and Number) *31 South Front St*
5. Full Name of Mother *Mary Kelly*
6. Mother's Maiden Name *Mary Devine*
7. Mother's Birthplace *Balto. M. D.*
8. Full Name of Father *Patrick Kelly*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*
- Address *52 E Lombard St*
- Remarks *7 months child died three hours after Birth weakness*

1. Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33456

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1st of September 1879*
4. Place of Birth (Street and Number) *21 North Chapel Street*
5. Full Name of Mother *Elly Rosentone*
6. Mother's Maiden Name *Elly Runkermüller*
7. Mother's Birthplace *Germany*
8. Full Name of Father *August Runkermüller*
9. Father's Occupation *Barkeeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Assistant Hospital*
- Address *11 North Chapel Street*
- Remarks *Healthy*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33467

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Su Monday, Sept. the 5th*
4. Place of Birth (Street and Number) *No 16 W. C. Cabbins St*
5. Full Name of Mother *Louisa Perkins*
6. Mother's Maiden Name *Louisa Matherson*
7. Mother's Birthplace *Centre ville Md*
8. Full Name of Father *William H P Perkins*
9. Father's Occupation *laborer*
10. Father's Birthplace *North Carolina*



Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

*Maria Park*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Tuesday, Sep. 9th. 1879

4. Place of Birth (Street and Number) 100 Greenmount Ave.

5. Full Name of Mother Ann Emrich

6. Mother's Maiden Name Ann Smith.

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John Emrich

9. Father's Occupation Confectioner

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. William B. Bristow M.D.

Address 269 W. Carroll St.

Remarks "Vertex Presentation"

# RETURN OF A BIRTH.

33159

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

SEP  
13  
1875  
OCT 10 1875

of Mother, (state whether 1st, 2d, 3d, &c.) *Child born 6*  
whether Male or Female) *male*  
Color (if not of the white race) *fair*  
Birth *September the 4*  
Birth (Street and Number) *222 Hanover St*  
Name of Mother *Ellen Bennett*  
Maiden Name *Ellen Malofke*  
Birthplace *Cambridge & Cambridge*  
Name of Father *Richard Malofke*  
Occupation *laborer*  
Birthplace *Cambridge & Cambridge*  
Medical Attendant, or other Person who makes this Return, *Dr. J. H. H. H.*  
*Dr. J. H. H. H.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

331160

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex (state whether Male or Female)  
2. Race or Color (if not of the white race)  
3. Date of Birth  
4. Place of Birth (Street and Number)  
5. Full Name of Mother  
6. Mother's Maiden Name  
7. Mother's Birthplace  
8. Full Name of Father  
9. Father's Occupation  
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3rd  
Male  
White  
Sept 9th 1879  
157 Bevan st  
Mary Hickman  
Mary Wilson  
Gomperth Co Ma  
Jas C. Hickman  
Theodore  
Massachusetts  
Theodore Cook Ma

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33467  
SEP  
13  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 9th 1879

4. Place of Birth (Street and Number)

315 Sharp St

5. Full Name of Mother

Lda West

6. Mother's Maiden Name

Lda Jenkins

7. Mother's Birthplace

A. A. Co Md

8. Full Name of Father

James N. West

9. Father's Occupation

Sailor

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cooke M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the second*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September the 7 1877*
4. Place of Birth (Street and Number) *No 13 Chamberlaine St*
5. Full Name of Mother *Mary ~~the~~ Ridgell*
6. Mother's Maiden Name *Mrs the Horner*
7. Mother's Birthplace *Sumner St Geo Md*
8. Full Name of Father *Reed Ridgell*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *St Marys Geo Md*
- Name of Medical Attendant, or other Person who makes this Return. *Ann E Bull*
- Address *No 171 South Chester St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33463

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 9th, 11:25 A.M.
4. Place of Birth (Street and Number) 186 Dover Street
5. Full Name of Mother Mary Allen
6. Mother's Maiden Name Murray
7. Mother's Birthplace Pittsburg
8. Full Name of Father Christopher Allen
9. Father's Occupation Labour
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. K. H. H. H.
- Address 106 Columbia Ave.
- Remarks Child in good physical condition & living

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 9th 1879
4. Place of Birth, (Street and Number) 334 Hanover St
5. Full Name of Mother Laura Rudolph
6. Mother's Maiden Name Laura Hall
7. Mother's Birthplace Baltimore City
8. Full Name of Father Richard Rudolph
9. Father's Occupation Fireman
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Wm. A. Richardson
- Address 1185 Lee Street
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

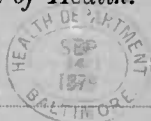


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 9 of September 1879
4. Place of Birth (Street and Number) 34 Eustis St
5. Full Name of Mother Mary Louisa Bond
6. Mother's Maiden Name Erhard
7. Mother's Birthplace Germany
8. Full Name of Father John Samuel Bond
9. Father's Occupation Iron Roller
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley
- Address No 12 Patterson Park Av
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Full blood
3. Date of Birth the 9 Sept 1879
4. Place of Birth (Street and Number) No 27 Mount Street
5. Full Name of Mother Margaret Gray
6. Mother's Maiden Name Eccles
7. Mother's Birthplace England
8. Full Name of Father John
9. Father's Occupation Drum
10. Father's Birthplace Wichison
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Williams
- Address 70 Mount Street
- Remarks Still born  
Marked with still born  
will

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39467

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sep. 9<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *No. 803 N. Henry St.*
5. Full Name of Mother *Sary Atkinson*
6. Mother's Maiden Name *Sary Hilderbrand*
7. Mother's Birthplace *Maryland.*
8. Full Name of Father *George Atkinson*
9. Father's Occupation *Laborer.*
10. Father's Birthplace *Maryland.*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Tell*
- Address *No 37 Bantalan St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



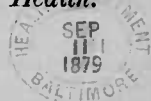
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 6.*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *The 9 of September*
4. Place of Birth (Street and Number) *81. Ticey Street*
5. Full Name of Mother *Roset Gray*
6. Mother's Maiden Name *Roset Gome*
7. Mother's Birthplace *Transhire*
8. Full Name of Father *William Gome*
9. Father's Occupation *A Dr Drannon*
10. Father's Birthplace *Colport conty*
- Name of Medical Attendant, or other Person who makes this Return. *Willie Gross*
- Address *181 York Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Kind*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Weiss*
3. Date of Birth *geboren den 9ten September*
4. Place of Birth (Street and Number) *15 276 S. Dallas Str*
5. Full Name of Mother *Rehschel Schopp*
6. Mother's Maiden Name *Rehschel Fittner*
7. Mother's Birthplace *Deutschland*
8. Full Name of Father *Peter Schopp*
9. Father's Occupation *Handarbeiter*
10. Father's Birthplace *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return. *Friedrich Kaufmann*
- Address *15 197 S. Dallas Str*
- Remarks *Heim*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

7  
Female  
White

2. Race or Color (if not of the white race)

3. Date of Birth

September 10th 1879

4. Place of Birth (Street and Number)

No 284 C. Madison St

5. Full Name of Mother

Rachel J Swearer

6. Mother's Maiden Name

Rachel J Givens

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

William Swearer

9. Father's Occupation

Brick Layer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this return

Edgar W. M. D. M.D.

Address

101 N. E. Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *Sep. 16 '79*

4. Place of Birth (Street and Number) *247 N. Carey*

5. Full Name of Mother *Lma Thomas*

6. Mother's Maiden Name *Stoll*

7. Mother's Birthplace *Balt*

8. Full Name of Father *Nelson C. Thomas*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Balt*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

*John Morris*  
*+ Franklin*

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33472

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Sept. 10<sup>th</sup> 1874

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 10<sup>th</sup> 1874*
4. Place of Birth (Street and Number) *No. 43 N. Calver St*
5. Full Name of Mother *Margaret Madeline Kelly*
6. Mother's Maiden Name *Margaret Madeline McHenry*
7. Mother's Birthplace *Benton Hill Virginia*
8. Full Name of Father *John Joseph Kelly*
9. Father's Occupation *Driving Milk Wagon*
10. Father's Birthplace *Delaware*
- Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*
- Address *21 N. Poppleton St*
- Remarks



I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH:

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- 33473
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 10th 1879
4. Place of Birth (Street and Number) 212 45 Broad St
5. Full Name of Mother Kathleen Grant
6. Mother's Maiden Name Shorman
7. Mother's Birthplace Germany
8. Full Name of Father Samuel Grant
9. Father's Occupation Brover
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Lahnasser midwife
- Address 330 Harman St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

334-711

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 10 1899*

4. Place of Birth (Street and Number) *N 302 Madison Ave*

5. Full Name of Mother *Mary T. Brodherston*

6. Mother's Maiden Name *Mary T. Brown*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *David H. Brodherston*

9. Father's Occupation *Major U. S. Army*

10. Father's Birthplace *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return.

Address *N 114 Park Ave*

Remarks

*J. H. Katarz U.S.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

331175

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *September 10th 1879*
4. Place of Birth (Street and Number) *133 N. Caroline St*
5. Full Name of Mother *Rebecca Grant*
6. Mother's Maiden Name *Rebecca Briggs*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Charles Grant*
9. Father's Occupation *Porter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. S. Lynch M.D.*
- Address *15 Broadway*
- Remarks

When any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33476



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Sept 10. 1874  
Bank str 314  
Margarette Bang  
Dorven  
England Conn. N. Lee  
Johann Bang  
Inspector  
New York  
Prof. Johann Baupach  
South Wall str 6214  
and wife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

September 10, 1879

4. Place of Birth (Street and Number)

No. 44 Rock St.

5. Full Name of Mother

Luise Janarschke

6. Mother's Maiden Name

Luise Stein

7. Mother's Birthplace

Germani, Prussia

8. Full Name of Father

Carl Janarschke

9. Father's Occupation

shoe maker

10. Father's Birthplace

Germani Prussia

Name of Medical Attendant, or other Person who makes this Return.

Catharina Barlage

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

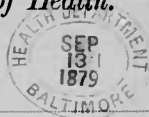


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 10th*
4. Place of Birth (Street and Number) *University Hospital*
5. Full Name of Mother *Francis Kaiser*
6. Mother's Maiden Name *Francis Cressler*
7. Mother's Birthplace *Germany*
8. Full Name of Father *—*
9. Father's Occupation *—*
10. Father's Birthplace *—*
- Name of Medical Attendant, or other Person who makes this Return. *F. B. Arnold M. D.*
- Address *University Hospital*
- Remarks *—*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 11th 1879

4. Place of Birth (Street and Number)

No. 356 Mc Donald St.

5. Full Name of Mother

Margaret Schneider

6. Mother's Maiden Name

" Eck

7. Mother's Birthplace

Baltimore County

8. Full Name of Father

Lewis Schneider

9. Father's Occupation

Carpenter

10. Father's Birthplace

Prussia - Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. A. Burt

Address No. 185 N.E. cor. Central av. S. Monument St.

Remarks

Well

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33480

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *September the 10<sup>th</sup> 1878*
4. Place of Birth (Street and Number) *134 Durham St Baltimore, Md*
5. Full Name of Mother *Therrenne Hodson*
6. Mother's Maiden Name *Therrenne Dockins*
7. Mother's Birthplace *Dorchester County Md*
8. Full Name of Father *John Hodson*
9. Father's Occupation *Oyster Shucker*
10. Father's Birthplace *Wicomico County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lulinda Hartford*
- Address *130 Regester St Baltimore Md*
- Remarks





that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

334)

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



- |   |                |
|---|----------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)          | First          |
| 1. Sex (state whether Male or Female)                             | Male           |
| 2. Race or Color (if not of the white race)                       | Colored        |
| 3. Date of Birth  | Sept. 10, 1879 |
| 4. Place of Birth (Street and Number)                             | # 8 Durham St. |
| 5. Full Name of Mother  | Male Moody     |
| 6. Mother's Maiden Name   | Male Campbell  |
| 7. Mother's Birthplace  | Virginia       |
| 8. Full Name of Father  | Delia Moody    |
| 9. Father's Occupation  | Coachman       |
| 10. Father's Birthplace   | Virginia       |
| Name of Medical Attendant, or other Person who makes this Return. | Dr. C. H. St.  |
| Address   |                |
| Remarks   |                |

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth the 10 Septem 1879

4. Place of Birth (Street and Number) 105 Sterling Street

5. Full Name of Mother Latta Mary

6. Mother's Maiden Name Latta Sarah

7. Mother's Birthplace Baltimore Maryland

8. Full Name of Father James Nicola Mary

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. Williams

Address 70 Green Street

Remarks Mother had child during War

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33483

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

RECEIVED  
SEP 15 1879  
BALTIMORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d  
1. Sex (state whether Male or Female) F  
2. Race or Color (if not of the white race) W  
3. Date of Birth Sept 10 1879  
4. Place of Birth (Street and Number) 309 Lind Hill Avenue  
5. Full Name of Mother Uda Frances Campbell  
6. Mother's Maiden Name McNew  
7. Mother's Birthplace Balto  
8. Full Name of Father Wm F. Campbell  
9. Father's Occupation Lawyer  
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

William McNew

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33484

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 10<sup>th</sup> 1879

4. Place of Birth (Street and Number)

123 Bank St

5. Full Name of Mother

Mary Bucker

6. Mother's Maiden Name

" Friedrich

7. Mother's Birthplace

City

8. Full Name of Father

John Bucker

9. Father's Occupation

Cutter

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33485

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup> Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 10<sup>th</sup> 1879

4. Place of Birth (Street and Number)

166 Maderay alley

5. Full Name of Mother

Eliza Bauer

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

John Ritz  
Laborer

9. Father's Occupation

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Beck  
245 Canton Ave

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

334-86  
334-87

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th & 16th

1. Sex (state whether Male or Female) *Females.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 10/79*
4. Place of Birth (Street and Number) *322 N. Street*
5. Full Name of Mother *Ketta E. Royston*
6. Mother's Maiden Name *Egans.*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Henry C. Royston*
9. Father's Occupation *None*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *H. R. Bettenhoff M.D.*
- Address *77 George St.*
- Remarks *Living, very well,*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33488

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Sept the 10<sup>th</sup>

4. Place of Birth (Street and Number)

No 158 North Chappell St

5. Full Name of Mother

Sarah Simba

6. Mother's Maiden Name

Sarah Keith

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Charles Simba

9. Father's Occupation

of labor

10. Father's Birthplace

Baltimore

Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Francis Anderson

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

33489

TH DEP SEP 22 1879

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st* Mother's name first child  
 1. Sex (state whether Male or Female) *Girl*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *Sept 11th 1879*  
 4. Place of Birth (Street and Number) *Balto. 21st Dover St. No. 42.*  
 5. Full Name of Mother *Hannie Roberts*  
 6. Mother's Maiden Name *Hannie Holland.*  
 7. Mother's Birthplace *Bridge Landing Howard Co*  
 8. Full Name of Father *William Roberts*  
 9. Father's Occupation *Free master*  
 10. Father's Birthplace *Eastern Shore Talbot Co*  
 Name of Medical Attendant, or other Person who makes this Return. *Mary Trimmell*  
 Address *26 Dover St.*  
 Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33490

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 11 1879

4. Place of Birth (Street and Number)

160 N Bondstr.

5. Full Name of Mother

Littia Scherer

6. Mother's Maiden Name

L. Maier

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Friedrich Scherer

9. Father's Occupation

Kabnetmaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Marie R. Rudiger

Address

134 N Bondstr.

Remarks

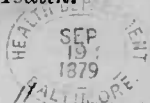
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33491

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second the*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number) *No 256 Calhoun St*
5. Full Name of Mother
6. Mother's Maiden Name *Lizzie Lockwood Bond and Baltimore*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Robert Dear*
9. Father's Occupation
10. Father's Birthplace *Lockwood*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Ann Dummer 60 Lehigh St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 11<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Co. Green Mt Ave & Belvidere St.

5. Full Name of Mother

Emma Hackney

6. Mother's Maiden Name

Emma Heffner

7. Mother's Birthplace

Balto Md

8. Full Name of Father

Walter Hackney

9. Father's Occupation

Accountant

10. Father's Birthplace

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Silas W. Hunter M.D.

Address

36 Green Mt Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 11<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *39 Forest Place*
5. Full Name of Mother *Della Hooper*
6. Mother's Maiden Name *Della King*
7. Mother's Birthplace *Balls Bl.*
8. Full Name of Father *Frank Hooper*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Balls Bl.*
- Name of Medical Attendant, or other Person who makes this Return *Silas N. Hunter M.D.*
- Address *36 Greenmount Ave.*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name of Mother (state whether 1st, 2d, 3d, &c.)

The Third

Sex (whether Male or Female)

female

Color (if not of the white race)

Colored

Birth

.11

Birth (Street and Number)

Baltimore Burgundy 83

Name of Mother

Hester Hopkins

Maiden Name

Hester Thomson

Birthplace

Baltimore

Name of Father

Henry Hopkins

Occupation

laborer

Birthplace

Annenode County

Medical Attendant, or other Person who makes this Return.

Mary Jane Richardson  
212 Dover St  
Birth going well

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33496

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

SEP  
1919

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 11 September
4. Place of Birth (Street and Number) No 15 Bond Street
5. Full Name of Mother Mary E. Gordon
6. Mother's Maiden Name Whitney
7. Mother's Birthplace Illinois
8. Full Name of Father John A. Gordon
9. Father's Occupation Business
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. George C. ...
- Address No 16 ...
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

11th Sept

4. Place of Birth (Street and Number)

Balt Md 185 Constitution st

5. Full Name of Mother

Mary Agnes Mea

6. Mother's Maiden Name

Mary Agnes Quigley

7. Mother's Birthplace

Bolton England

8. Full Name of Father

Jos Ed Mea

9. Father's Occupation

Plumbing and Gas Fitting

10. Father's Birthplace

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Charles Wooden

Address

330 Regent street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 11<sup>th</sup>
4. Place of Birth (Street and Number) 80 N. Euter St
5. Full Name of Mother Ella B. McCaskey
6. Mother's Maiden Name Ella B. McDowell
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Robert L. McCaskey
9. Father's Occupation Painter
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs J. Oliver
- Address 286 E. Monument St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33498

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Thursday Sept 11 1879*

4. Place of Birth (Street and Number) *Cassel street 160*

5. Full Name of Mother *Ann Brothn*

6. Mother's Maiden Name *Ann Jones*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Brothn*

9. Father's Occupation *Wart Driver*

10. Father's Birthplace *Gong Green*

Name of Medical Attendant, or other Person who makes this Return. *Gouisa aanton*

Address *north Wolf street no 10*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

23499

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *11 Sept.*

4. Place of Birth (Street and Number) *16 Barnard St*

5. Full Name of Mother *Maria Picha*

6. Mother's Maiden Name *Panaska*

7. Mother's Birthplace *Wolosie Bohemia*

8. Full Name of Father *Wenzel Pichal*

9. Father's Occupation *Court-marshal*

10. Father's Birthplace *Stevie Bohemia*

Name of Medical Attendant, or other Person who makes this Return. *J. Kossak*

Address *20 Barnard St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 11th 1879*
4. Place of Birth (Street and Number) *67 Ramsay Street*
5. Full Name of Mother *Ellen Nora Mortimer*
6. Mother's Maiden Name *Reynolds*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Samuel Mortimer*
9. Father's Occupation *Shoe Maker*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Seebach*
- Address *No. 489 West Pratt St*
- Remarks.

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33501

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Two*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *11<sup>th</sup> Sept. 1877.*
4. Place of Birth (Street and Number) *91. S. Green St.*
5. Full Name of Mother *Augusta S. Hippel*
6. Mother's Maiden Name *" " Windoff*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *Wm. S. Hippel.*
9. Father's Occupation *Tailor.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Chebach*
- Address. *10437 West Pratt Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

335021

OCT  
23  
1879

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 11. 1879.

4. Place of Birth (Street and Number) No. 8. Payne St.

5. Full Name of Mother Janne Imrie

6. Mother's Maiden Name Janne Parker

7. Mother's Birthplace Balti. Md.

8. Full Name of Father Rodrick Imrie

9. Father's Occupation Walter

10. Father's Birthplace Fairfax Co. Va.

Name of Medical Attendant, or other Person who makes this Return. Mary A. Richmond

Address 183. Lee St.

Remarks Balti

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33503

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 11<sup>th</sup>*
4. Place of Birth (Street and Number) *674<sup>th</sup> St. 1300<sup>th</sup> Street*
5. Full Name of Mother *Rose Christensen*
6. Mother's Maiden Name *Rose Smith*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Chas. T. Christensen*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Suzan Shuster*
- Address *21 S. Poppleton St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth During September 1899
4. Place of Birth (Street and Number) Baltimore No 4th St. 11
5. Full Name of Mother Mary Smith
6. Mother's Maiden Name Warner
7. Mother's Birthplace Virginia
8. Full Name of Father Peter Smith
9. Father's Occupation laborer
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Williams
- Address 544 Thackeray St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33505

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. September. 13<sup>th</sup> 1879.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 11<sup>th</sup> 1879
4. Place of Birth (Street and Number) 138 Bank St.
5. Full Name of Mother Lizzie Reinhardt
6. Mother's Maiden Name Lizzie K. Bach
7. Mother's Birthplace Germany
8. Full Name of Father Philip Reinhardt
9. Father's Occupation Stevedore
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. Mrs. W. Brand
- Address No. 127 N. St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33506

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 11th 1879*
4. Place of Birth (Street and Number) *40 Block St.*
5. Full Name of Mother *Mary Louise Kaiser Williams*
6. Mother's Maiden Name *Mary L. Kaiser*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Maurice E. Williams*
9. Father's Occupation *Marlinist*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *John S. Lynch, M.D.*
- Address *#1 S. Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33507

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 11<sup>th</sup> 1879

4. Place of Birth (Street and Number)

245 S. Durham St

5. Full Name of Mother

Anna Heinecke

6. Mother's Maiden Name

" Feldman

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Heinecke

9. Father's Occupation

Upholster

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 - Canton St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

33508  
314  
Female  
White  
September 11. 1879  
45 N. Gay St.  
Emma Josephine Meers.  
Emma Josephine Henry  
Maryland  
Henry W. Meers -  
Undertaker  
Maryland  
J. H. Henck MD  
75 E. Baltimore St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39309

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

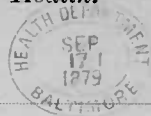
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 11<sup>th</sup> Sep. 1879
4. Place of Birth (Street and Number) 82 N. Central Ave.
5. Full Name of Mother Lille Siebert
6. Mother's Maiden Name Young
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Fredrick Siebert
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary Stein
- Address 151 E Pratt St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

male

white

Sep 12 1879

160 Johnson St

Rachel Preston

Rachel Reynolds

Pa (Virginia)

John J. Reynolds

Laborer

Port de Saint M

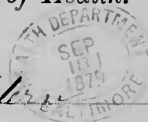
Wm Wm Nash

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33311

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Children

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

12 of September 1879

4. Place of Birth (Street and Number)

12 44 S. E. St.

5. Full Name of Mother

Mariann Schreiner

6. Mother's Maiden Name

Mariann Stapf

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Michael Schreiner

9. Father's Occupation

Schiff-Kolbenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sabena Grisham

Address

No. 128 West St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

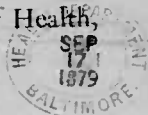
SEP  
17  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>.*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 12<sup>th</sup>. 1879*
4. Place of Birth (Street and Number) *32 Harrison str.*
5. Full Name of Mother *Lina Friedenberg*
6. Mother's Maiden Name *Nachman*
7. Mother's Birthplace *Poland*
8. Full Name of Father *Harris Friedenberg*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Poland.*
- Name of Medical Attendant, or other Person who makes this return *Mrs. C. Bernstein*
- Address *113 E. Lombard str.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth September 12<sup>th</sup> 1879
4. Place of Birth (Street and Number) 53 Harrison St.
5. Full Name of Mother Henry Levin
6. Mother's Maiden Name Block
7. Mother's Birthplace Russia
8. Full Name of Father Louis Levin
9. Father's Occupation Bedder
10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this return Mrs. C. Bernstein  
Address 113 Q. Lombard St.  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33574

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *12th of September 1879*
4. Place of Birth (Street and Number) *No 330 Penn<sup>a</sup> Avenue*
5. Full Name of Mother *Aelia Everett*
6. Mother's Maiden Name *Aelia McPherson*
7. Mother's Birthplace *Charles County Maryland*
8. Full Name of Father *Peter Dent Everett*
9. Father's Occupation *Street Car Conductor*
10. Father's Birthplace *Charles County Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *F. S. Bowie M.D.*
- Address *#175 Arlington Avenue*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

12 of September 1879

4. Place of Birth (Street and Number)

1101 on Clinton st Canton

5. Full Name of Mother

Mary Nitzel

6. Mother's Maiden Name

Mary Darnenbeter

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Samuel Nitzel

9. Father's Occupation

oil refiner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Wiley

Address

No 19 Patterson Park Rd

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh (7th)*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 12th 1879*

4. Place of Birth (Street and Number) *11 Myrtle St.*

5. Full Name of Mother *Francis Cronin*

6. Mother's Maiden Name *Beacham*

7. Mother's Birthplace *City*

8. Full Name of Father *Alvin Cronin*

9. Father's Occupation *Coal Labourer*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Smith*

Address *133 Centre St.*

Remarks

I am a Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33577

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 12 1879
4. Place of Birth, (Street and Number) 34 Beale Court
5. Full Name of Mother Rebecca Drury
6. Mother's Maiden Name Rebecca Chapman
7. Mother's Birthplace St Marys Co Md
8. Full Name of Father John Henry Drury
9. Father's Occupation Waterman
10. Father's Birthplace St Marys Co Md
- Name of Medical Attendant, or other Person who makes this Return. Ann Chapman
- Address 9 Union Alley
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33578

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33579

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth September 12th
4. Place of Birth (Street and Number) no 12 Ohio Avenue
5. Full Name of Mother Estell Hunsley
6. Mother's Maiden Name Estell Hunsley
7. Mother's Birthplace Baltimore
8. Full Name of Father Albert Joseph
9. Father's Occupation labour
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Lydia Porter
- Address no 4 West 300 Avenue
- Remarks healthy child



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- 335206  
Mildred
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_  
1. Sex (state whether male or female) \_\_\_\_\_  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth \_\_\_\_\_  
4. Place of Birth (Street and Number) \_\_\_\_\_  
5. Full Name of Mother \_\_\_\_\_  
6. Mother's Maiden Name \_\_\_\_\_  
7. Mother's Birthplace \_\_\_\_\_  
8. Full Name of Father \_\_\_\_\_  
9. Father's Occupation \_\_\_\_\_  
10. Father's Birthplace \_\_\_\_\_  
Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_  
Address \_\_\_\_\_  
Remarks \_\_\_\_\_
- Sept. 12, 1879.  
417 Lexington St  
Elizabeth C. Cyle  
Crockett  
Baltimore  
Emerson Jackson Cyle  
Telegrapher  
Baltimore  
L. V. C. Cude, M.D.  
308 Franklin St
- HEALTH DEPT  
1879  
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4  
Female

White

Sept 12, 1878

Chester Street between Chew and Madry

Sally Ann McCellan

Sally Ann Meyers

Baltimore Md

Robert John McCellan

Fish Dealer

Baltimore Md

Amanda Myerine

378 East Myerine street



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33522

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 12th 1879*
4. Place of Birth (Street and Number) *N.E. Cor. Durham & Eager Sts. (no number)*
5. Full Name of Mother *Francis O'Callaghan*
6. Mother's Maiden Name *Rooney*
7. Mother's Birthplace *Leavenworth Kansas*
8. Full Name of Father *William O'Callaghan*
9. Father's Occupation *Brick Layer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *E. P. Evans M.D.*
- Address *406 E. Baltimore St.*
- Remarks *Child healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38523

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

46

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 12, 1879

4. Place of Birth (Street and Number)

Olney St 355.

5. Full Name of Mother

Elizabeth Heibel

6. Mother's Maiden Name

Kerning

7. Mother's Birthplace

New York City

8. Full Name of Father

Sebastian Heibel

9. Father's Occupation

Butcher

10. Father's Birthplace

Wittenberg St. Brunswick

Name of Medical Attendant, or other Person who makes this Return

Mrs. Johanna Prager

Address

Charm. Wolf St. No 14

Remarks

Indisposed

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 12th 1879

4. Place of Birth (Street and Number)

133 N. Lee St

5. Full Name of Mother

Margaret Maloney

6. Mother's Maiden Name

Stallan

7. Mother's Birthplace

Ireland.

8. Full Name of Father

Michael Maloney

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Dr. James Williams M.D.

Address

17 Palisade Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33525

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 7 Sep
4. Place of Birth (Street and Number) 12 Valley St
5. Full Name of Mother Berbara Pelphin
6. Mother's Maiden Name Gadler
7. Mother's Birthplace Shrewsbury Balt. City
8. Full Name of Father John Pelphin
9. Father's Occupation Printer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. F. Christner
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept. 12. 1879*
4. Place of Birth (Street and Number) *66 McMechen Street*
5. Full Name of Mother *Genevieve Mathis*
6. Mother's Maiden Name *Willoway*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *George W. Watt*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *Marbury Brewster M.D.*
- Address *66 McMechen Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33527

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 6 12 1879

4. Place of Birth (Street and Number)

Stockton st

5. Full Name of Mother

Mary Baltzer

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

Bernert Baltzer

9. Father's Occupation

shoe maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Chollot Proctor

Address

No 10 Charlton st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33328

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov 12 1878*
4. Place of Birth (Street and Number) *Baltimore 104 South*
5. Full Name of Mother *Annie Ross*
6. Mother's Maiden Name *W. Thomas*
7. Mother's Birthplace *Calvert County*
8. Full Name of Father *Robert Ross*
9. Father's Occupation *Labour*
10. Father's Birthplace *Calvert County*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Wilkins*
- Address *399 Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33529

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) white

3. Date of Birth 12 7

4. Place of Birth (Street and Number) Margt 586 Arguith St

5. Full Name of Mother Maryland Virginia Nice

6. Mother's Maiden Name Maryland b. Elliott

7. Mother's Birthplace Baltimore city

8. Full Name of Father Robert A. Nice

9. Father's Occupation legn maker

10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Jane C. Bayless

Address Arguith St point lane

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33530

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

11th -

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 12th - 1879

4. Place of Birth (Street and Number)

No. 168 Forest St.

5. Full Name of Mother

Hannah L. Medinger

6. Mother's Maiden Name

do. do. Hoff

7. Mother's Birthplace

Balt.

8. Full Name of Father

Augustus J. Medinger

9. Father's Occupation

Grocer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm. Whitridge

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 12 1879

4. Place of Birth (Street and Number) Baltimore Pack St 318

5. Full Name of Mother Mary Sliggin

6. Mother's Maiden Name Mary Saunders

7. Mother's Birthplace Baltimore

8. Full Name of Father William Sliggin

9. Father's Occupation Saloon

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs. Mary Shaffer

Address 114 Ridgely St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

33532  
Male.  
White.  
September 12, 1879  
78 N. Green St.  
Abbie Porter.  
Abbie Ruskett.  
Maryland  
Dr. Merce Porter.  
Clerk  
Maryland  
J. W. Henck M.D.  
75 E. Baltimore St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 12<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No 335 - sharp st*
5. Full Name of Mother *Imo Leary*
6. Mother's Maiden Name *" Hurley*
7. Mother's Birthplace *Cambridge Md*
8. Full Name of Father *Wm Leary*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *C. H. Lewis*
- Address *162 Howard st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

335-311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Sept 12th 79*

4. Place of Birth (Street and Number) *249 Solihuis St.*

5. Full Name of Mother *Alice Rotan Alice W. Elroy*

6. Mother's Maiden Name *Alice Rotan*

7. Mother's Birthplace *Ind*

8. Full Name of Father *Joseph W. Elroy*

9. Father's Occupation *Plasterer*

10. Father's Birthplace *Ind*

Name of Medical Attendant, or other Person who makes this Return. *J. Miller M.D.*

Address *57 W. Greene St.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33535

SEP  
22  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether ~~male~~ or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth September 13 1879
4. Place of Birth (Street and Number) 3113 Lammals St
5. Full Name of Mother Sarah Klinefelter
6. Mother's Maiden Name Sarah Harper
7. Mother's Birthplace Baltimore
8. Full Name of Father V. V. Klinefelter
9. Father's Occupation Manufacturer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. W. Miller
- Address 12118 Mount St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

The 2<sup>d</sup>

Male  
Col and

September 13/89

Baltimore Chapel St 140

Ma Chase

Ruff

Bre Chester Co Md

James Ed Ruff

Brick mason

Harford Co

Wm B. Horn

x

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33537

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*
  2. Race or Color (if not of the white race) *Colored*
  3. Date of Birth *Sept. 13th 1879*
  4. Place of Birth (Street and Number) *51 - N. Spring. St.*
  5. Full Name of Mother *Susann Baggett*
  6. Mother's Maiden Name *Susann Beck*
  7. Mother's Birthplace *Alexandria Va.*
  8. Full Name of Father *Johnson Baggett*
  9. Father's Occupation *Labourer*
  10. Father's Birthplace *Alexandria Va.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Leah Walker*
- Address *N. 74. S. Dallas. St.*
- Remarks



That any physician, accoucheur midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33538

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September 13th 1879*

4. Place of Birth (Street and Number) *No 316 N Lombard St*

5. Full Name of Mother *Emima Louisa Nichols*

6. Mother's Maiden Name *Emima Louisa McKim*

7. Mother's Birthplace *Harwick Maryland*

8. Full Name of Father *Frank H. Nichols*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Frome, England*

Name of Medical Attendant, or other Person who makes this return *Edwin E. Baltus*

Address *Edwin E. Baltus*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33536  
RECEIVED  
SEP 16 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 13th 1879*
4. Place of Birth (Street and Number) *Maternity 163 W Lombard St.*
5. Full Name of Mother *Maggie Mondlen*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Unknown*
9. Father's Occupation *Unknown*
10. Father's Birthplace *Unknown*
- Name of Medical Attendant, or other Person who makes this Return *H B Branchaw M.D.*
- Address *163 W. Lombard St. City*
- Remarks *Mother and Child are doing well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33540



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 13th 1879

4. Place of Birth (Street and Number)

43 Hanover St

5. Full Name of Mother

Ellen Wilkes

6. Mother's Maiden Name

Ellen Holmes

7. Mother's Birthplace

London Eng.

8. Full Name of Father

Edward Wilkes

9. Father's Occupation

Corn-Smith

10. Father's Birthplace

Manchester Eng.

Name of Medical Attendant, or other Person who makes this Return.

De Launcey W. Barclay M.D.

Address

47 Conway St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33571-1

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *10 of child 11*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13 of September 1879*
4. Place of Birth (Street and Number) *No 7 Perry street*
5. Full Name of Mother *Ruth Lanise Roberts*
6. Mother's Maiden Name *Ruth Lanise Airey*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *James Henry Roberts*
9. Father's Occupation *Well Digger*
10. Father's Birthplace *Greenwood Hiffilin County Pennsylvania*
- Name of Medical Attendant, or other Person who makes this Return *Nutley Logan*
- Address *No 20 Winter street*
- Remarks *Baltimore city*

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33542

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 *Children*
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 13 of September 1879
4. Place of Birth (Street and Number) No. 53 1/2 William St.
5. Full Name of Mother Genofera Blum
6. Mother's Maiden Name Genofera Truffer
7. Mother's Birthplace Schwitz
8. Full Name of Father Angulin Blum
9. Father's Occupation Sailor
10. Father's Birthplace Schwitz
- Name of Medical Attendant, or other Person who makes this Return. Salena Grishaber
- Address No. 128 West St.
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33343

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

13 of September 1899

4. Place of Birth (Street and Number)

19th St. No. 407

5. Full Name of Mother

Katharina Kaufmann

6. Mother's Maiden Name

Katharina Sader

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Joseph Kaufmann

9. Father's Occupation

Confagtionier

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Tabena Grishaber

Address

128 West St.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33544

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

13<sup>th</sup> September

4. Place of Birth (Street and Number)

Baltimore St. No 43 Rose Street

5. Full Name of Mother

Emma Dorothea Elizabeth Leckie

6. Mother's Maiden Name

E. Staman

7. Mother's Birthplace

Neuenberg Prussia Germany

8. Full Name of Father

Christian Fiedler Leckie

9. Father's Occupation

Bus. man

10. Father's Birthplace

Neuenberg Prussia Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address

No 12 Patterson Park

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 2 child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *13 Sep.*
4. Place of Birth (Street and Number) *Little Pine St no 16*
5. Full Name of Mother *Miller Brown*
6. Mother's Maiden Name *Miller Brown*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Jerome*
9. Father's Occupation *Chore Coner*
10. Father's Birthplace *on row*
- Name of Medical Attendant, or other Person who makes this Return. *Elton M.D. 42 shape st*
- Address
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33546

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *13 Sept*
4. Place of Birth (Street and Number) *4 Leno Co*
5. Full Name of Mother *Maria Barnes*
6. Mother's Maiden Name *Maria Jones*
7. Mother's Birthplace *Saint Marys County*
8. Full Name of Father *Michael H Barnes*
9. Father's Occupation *labor*
10. Father's Birthplace *Saint Marys County*
- Name of Medical Attendant, or other Person who makes this Return. *Eden Smith*
- Address *42 Sharp St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33547

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13 of September*
4. Place of Birth (Street and Number) *33 North Cassel street*
5. Full Name of Mother *Lusan Griffin*
6. Mother's Maiden Name *Lusan Lippert*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Ludwig Lippert*
9. Father's Occupation *Capital market*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel*
- Address *11 North Chappel street for post office*
- Remarks *Healthy.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33548

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child  
female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 15<sup>th</sup> 1879

4. Place of Birth (Street and Number)

267 W. Lombard St.

5. Full Name of Mother

Mrs Adda Ambach

6. Mother's Maiden Name

Adda Gumpel

7. Mother's Birthplace

Ohio U.S.

8. Full Name of Father

Mrs Max Ambach

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. B. Amos M.D.

Address

# 70 N. E. St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3354-9

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



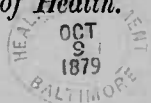
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 13 1879*
4. Place of Birth (Street and Number) *Lexington St 405 west*
5. Full Name of Mother *Emmy S Fowler*
6. Mother's Maiden Name *Emmy Seller*
7. Mother's Birthplace *City of Baltimore*
8. Full Name of Father *Birgel Ruse Fowler*
9. Father's Occupation *Occupation Plaster*
10. Father's Birthplace *Calver County Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Quimble Ford Schroeder*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33550

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 13/79*
4. Place of Birth (Street and Number) *110 S. Milton St.*
5. Full Name of Mother *Sarah E. McKelken*
6. Mother's Maiden Name *McKell*
7. Mother's Birthplace *Piedmont, W. Va.*
8. Full Name of Father *William Henry McKelken*
9. Father's Occupation *Picture Dealer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. Keister, M.D.*
- Address *McKenzie Station, Pa.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33551

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female



1. Sex (state whether male or female)

2. Race or Color, (if not of the white-race)

3. Date of Birth

September 13-1899

4. Place of Birth, (Street and Number)

16286 N. Hurham

5. Full Name of Mother

Ada E. Ford

6. Mother's Maiden Name

Ada E. Heiken

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William R. Ford

9. Father's Occupation

Car. Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address

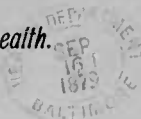
256 N. Donogh St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Name: *Alice L. Dickerson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*September 13th 1879*

4. Place of Birth (Street and Number)

*No 201 Bergundy alley*

5. Full Name of Mother

*Ida (Dickerson) Dickerson*

6. Mother's Maiden Name

*Ida (Sard) Sard*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*Scwell (Charles) Dickerson*

9. Father's Occupation

*Basket Maker*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Catherine Horner*

Address

*No 106 West Street*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33533

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *3rd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Caucasian*

3. Date of Birth *Sept - 13th 1879*

4. Place of Birth (Street and Number) *69 Arch St*

5. Full Name of Mother *Lizzie Johnson*

6. Mother's Maiden Name *Mary Jackson*

7. Mother's Birthplace *Ba. Md.*

8. Full Name of Father *Frank Johnson*

9. Father's Occupation *Porter*

10. Father's Birthplace *Ba. Md.*

Name of Medical Attendant, or other Person who makes this Return. *W. A. Neugart M.D.*

Address *S.E. Green & Mulberry St.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33534-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup> child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth Sept 15<sup>th</sup> 1879

4. Place of Birth (Street and Number) 264 N. Ave

5. Full Name of Mother Anna Baby

6. Mother's Maiden Name Anna Haonck

7. Mother's Birthplace Prussia

8. Full Name of Father Theodor Baby

9. Father's Occupation Shoemaker

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*[Signature]*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

33666



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Sept 13<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) 158 N High St  
 5. Full Name of Mother Eliza H. Gorman  
 6. Mother's Maiden Name " " Evans  
 7. Mother's Birthplace Baltimore Md.  
 8. Full Name of Father Charles P. Gorman  
 9. Father's Occupation Painter  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return. D. W. Bathall M.D.  
 Address 2 N B. roadway  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33556

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether male or female)

~~Female~~

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 13. 1879.

4. Place of Birth (Street and Number)

377 E. Chase St.

5. Full Name of Mother

Blanche L. Reed

6. Mother's Maiden Name

Blanche L. Benson.

7. Mother's Birthplace

Maryland

8. Full Name of Father

Emile C. Held

9. Father's Occupation

Engraver

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

D. W. Hunt M.D.

Address

75 E. Belton St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 13th of Sept. 1879
4. Place of Birth (Street and Number) Lawson St. 244
5. Full Name of Mother Mrs. Annie Snyder Stumpf
6. Mother's Maiden Name Miss Annie Snyder
7. Mother's Birthplace Baltimore
8. Full Name of Father C. H. Stumpf
9. Father's Occupation Packer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Richard M. King
- Address 8 Landon full street
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

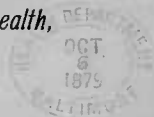
8  
Female  
White  
Inf 14 = 1879  
1337 Eastym Ave  
Sophy Looksey  
Sophy Looksey  
Baltimore  
John Looksey  
Baltimore  
Ship Builder  
Mrs E. Gray  
193 10 Chester St  
Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33559

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 14 1879*
4. Place of Birth (Street and Number) *N 194 Lafayette Square*
5. Full Name of Mother *Lizzie Green Kirkland*
6. Mother's Maiden Name *Lizzie Green*
7. Mother's Birthplace *Concord Delaware*
8. Full Name of Father *Ogden A. Kirkland*
9. Father's Occupation *Auction & Commission Merchant*
10. Father's Birthplace *Huntington Mass<sup>ts</sup>*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Kaland M.D.*
- Address *N 114 Park Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33560

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 14<sup>th</sup> 1879

4. Place of Birth (Street and Number)

314 E. Monmouth St.

5. Full Name of Mother

Rosa Bien

6. Mother's Maiden Name

Rosa Miller

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Adam Bien

9. Father's Occupation

Barkeeper

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mari R. Rudiger

Address

134 W. Bond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 14<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *339 Sharp St*
5. Full Name of Mother *Mary E. Hynold*
6. Mother's Maiden Name *Mary E. Leeper*
7. Mother's Birthplace *Philadelphia Pa*
8. Full Name of Father *Anton N. Hynold*
9. Father's Occupation *Cabinet Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33562

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sept 14<sup>th</sup>*
4. Place of Birth (Street and Number) *93 S. Calvert St*
5. Full Name of Mother *Fannie Jenkins*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Eastern Shore*
8. Full Name of Father *Wesley Jenkins*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Petersburg*
- Name of Medical Attendant, or other Person who makes this Return. *Laurie A. Leaton*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33563

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 14<sup>th</sup> 1879
4. Place of Birth (Street and Number) #14 Spring St
5. Full Name of Mother Annie M Lapp
6. Mother's Maiden Name Annie Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father Andrew Lapp
9. Father's Occupation Wharf Builder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Linn
- Address 171 S Washington St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33564-

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT.  
SEP  
26  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Male*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *Tuesday Sept 24 1879*
  4. Place of Birth (Street and Number) *73 Madison St*
  5. Full Name of Mother *Emma Bond*
  6. Mother's Maiden Name *Ward*
  7. Mother's Birthplace *Baltimore*
  8. Full Name of Father *Harry Bliss*
  9. Father's Occupation *Conductor*
  10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *E. P. Pullerbaugh*
- Address *509 West Lombard*
- Remarks *Doing well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

3.3565

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

SEP  
26  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 <sup>th</sup>
1. Sex (state whether male or female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 September
4. Place of Birth (Street and Number)	343 S. Eutam St
5. Full Name of Mother	Lena Schaefer
6. Mother's Maiden Name	Albrecht
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Schaefer
9. Father's Occupation	Wagon Keeper
10. Father's Birthplace	H. Evendarmstadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 S. Eutam St
Remarks	

(cc.) 78  
Mali  
White  
14 September  
363 S. Eutaw St  
Lina Schaefer  
Albrecht  
Baltimore  
George Schaefer  
Jocern Kuper  
Herrnstadt

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP  
25  
1879

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup> child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W
3. Date of Birth Sept. 14 1879
4. Place of Birth (Street and Number) 164 Hughes st
5. Full Name of Mother Margaret Howard Garrett
6. Mother's Maiden Name Margaret Howard
7. Mother's Birthplace Baltimore
8. Full Name of Father Myer Garrett
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. H. W. Webster M.D.
- Address 57 Main st
- Remarks

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

• Remarks

33567  
First child

Female  
colored

September 14th

no 75 welcom alley

Meria Barker

Meria Pitts

Nathaniel Barker

dry man

all of Baltimore

Mrs Lydia Porter

no 4 popet corner

healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 14*
4. Place of Birth (Street and Number) *70 Portland*
5. Full Name of Mother *Mary Sisk*
6. Mother's Maiden Name *Mary Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Ben Sisk*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Sisk*
- Address *439 W. Pratt*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth September the 14. at half past 3 o'clock
4. Place of Birth (Street and Number) Portland St. No. 44.
5. Full Name of Mother Bernhardina Magreta Gendring Knöchel
6. Mother's Maiden Name " " " " " " Gendring
7. Mother's Birthplace Baltimore City
8. Full Name of Father Conrad Knöchel
9. Father's Occupation Carver, and Sculpturist
10. Father's Birthplace Cassel, (State) Hesseu Germany.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Seebach
- Address 439 West Pratt St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> 2<sup>nd</sup>*
1. Sex (state whether male or female) *Mädchen*
2. Race or Color (if not of the white race) *Weiß*
3. Date of Birth *geboren den 14<sup>ten</sup> September*
4. Place of Birth (Street and Number) *1<sup>st</sup> 75<sup>th</sup> Eastern Ave*
5. Full Name of Mother *Auguste Lunk*
6. Mother's Maiden Name *Auguste Tönn*
7. Mother's Birthplace *Deutschland*
8. Full Name of Father *Wilhelm Lunk*
9. Father's Occupation *Schlosser*
10. Father's Birthplace *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return *Friedrich Kaufmann*
- Address *1<sup>st</sup> 197 S. Dallas St*
- Remarks *Heim*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 14 1879*

4. Place of Birth (Street and Number) *31 Laurel St*

5. Full Name of Mother *Mariam Ceeney*

6. Mother's Maiden Name *Mariam Hursey*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Thos Ceeney*

9. Father's Occupation *Crayman*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*

Address *21, N. Poppleton St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

33572

SEP 8 1878  
BAL MD

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth the 14<sup>th</sup> of July 1878
4. Place of Birth (Street and Number) No 77 Pearl Street
5. Full Name of Mother Mary Pearce
6. Mother's Maiden Name Wilson
7. Mother's Birthplace Indiana
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —
- Name of Medical Attendant, or other Person who makes this Return. —
- Address —
- Remarks 70 Pearl St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_ *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_ *White*
3. Date of Birth \_\_\_\_\_ *September 14th 1879*
4. Place of Birth (Street and Number) \_\_\_\_\_ *No 20 Elizabeth Lane*
5. Full Name of Mother \_\_\_\_\_ *Mary M. Hale*
6. Mother's Maiden Name \_\_\_\_\_ *Mary Kerny*
7. Mother's Birthplace \_\_\_\_\_ *Pennsylvania*
8. Full Name of Father \_\_\_\_\_ *John M. Hale*
9. Father's Occupation \_\_\_\_\_ *Blacksmith*
10. Father's Birthplace \_\_\_\_\_ *Ireland*
- Name of Medical Attendant, or other Person who makes this Return \_\_\_\_\_ *Catherine Corner*
- Address \_\_\_\_\_ *No 106 West Street*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

33574

September 13<sup>th</sup> 1898

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 11

4. Place of Birth (Street and Number) 270 Ave. St.

5. Full Name of Mother Eve Higginst.

6. Mother's Maiden Name Eve Sable.

7. Mother's Birthplace Germany

8. Full Name of Father Jacob Higginst.

9. Father's Occupation Watchmaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arnold.

Address No. 137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33575

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth September 14 1879
4. Place of Birth (Street and Number) 390 Townsend St
5. Full Name of Mother Lucy H.
6. Mother's Maiden Name Hutchinson (I think)
7. Mother's Birthplace Chestertown Maryland
8. Full Name of Father Geo J. Beall Jr
9. Father's Occupation Lawyer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Isaac R. Page M.D.
- Address 225 Linden Ave
- Remarks Nat<sup>l</sup> Labor. L.O.A.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33576

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether ~~Male~~ or Female)

1/1

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 14<sup>th</sup> 1879

4. Place of Birth (Street and Number)

42 Somerset

5. Full Name of Mother

Margaret Ellen Ehlers

6. Mother's Maiden Name

M. E. Nelson

7. Mother's Birthplace

Virginia

8. Full Name of Father

Conrad Ehlers

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Albarn

Address

252 N. W. 1<sup>st</sup>

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept 14th 1877*
4. Place of Birth (Street and Number) *Home of J. & L. Lloyd etc*
5. Full Name of Mother *Charlotte Schell*
6. Mother's Maiden Name *Baer*
7. Mother's Birthplace *Balt. Md*
8. Full Name of Father *Berthold Schell*
9. Father's Occupation *Cabinet maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *M. B. Billingslea*
- Address *Harford Ave & Biddle St*
- Remarks *Both children premature - about 7 1/2 or 8 months  
The first died when a few days old. This is now doing  
well & I think will live - Sept 27th, 1877.*



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33578

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2nd*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sept 14, 1879*
4. Place of Birth (Street and Number) *" 5 Cross alley*
5. Full Name of Mother *Fanny Caroline Rivers*
6. Mother's Maiden Name *Henry P. Johnston*
7. Mother's Birthplace *Washington D.C.*
8. Full Name of Father *John Rivers*
9. Father's Occupation *waiter*
10. Father's Birthplace *New Orleans, La.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. A. Neugot M.D.*
- Address *35 Cor Green & Mulberry Str.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33379

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Number 10*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13th*
4. Place of Birth (Street and Number) *234 East Madison Street*
5. Full Name of Mother *Mary Stevenson*
6. Mother's Maiden Name *Mary Guy*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John Stevenson*
9. Father's Occupation *Police Officer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *John Guy*
- Address *13 East Madison Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33550

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 15. 1879
4. Place of Birth (Street and Number) 1116 E Longford St
5. Full Name of Mother Mrs. Emma Kamm
6. Mother's Maiden Name Geis
7. Mother's Birthplace Germany
8. Full Name of Father Adolph Kamm
9. Father's Occupation Labourer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Gelzke
- Address 1116 E. Bond St
- Remarks Bellman

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33581

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept. 15th 1899*

4. Place of Birth (Street and Number) *Maternity Hospital 163 W. Lombard St.*

5. Full Name of Mother *Anne Price*

6. Mother's Maiden Name *" "*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Unknown*

9. Father's Occupation *Unknown*

10. Father's Birthplace *Unknown*

Name of Medical Attendant, or other Person who makes this Return. *H. Traubman M.D.*

Address *163 W. Lombard St.*

Remarks *Mother and child are doing well. J. H. B.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female).

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

occipito illiac.

Male

Sept 1879

26 N. Arlington Ave.

Ellen Hanninging

Ellen Graham

Ireland

David Hanninging

Carpenter

Ireland

H. Turner & J. Brown

231 N. Lombard St.

Præsentation vertex Position upr-

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33573

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Came in the 15 of September 1879

4. Place of Birth (Street and Number)

42 10th West Pratt St.

5. Full Name of Mother

Mrs. Weber

6. Mother's Maiden Name

Mrs. Bayett

7. Mother's Birthplace

Came in this City

8. Full Name of Father

Charles Weber

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this return

Mrs. J. Miller

Address

1014 West Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33584-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4th  
Male  
Sept. 15th 1879  
No 43 Hampstead St  
Lina Janner  
" Volk  
Germany  
John Janner  
Basket Maker  
Germany  
Mrs Elizabeth Betz  
No 245 Canton Ave  
Died Sept 17th (Cause)  
Premature Birth

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33585

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
- Sex (state whether male or female) *Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *September 11 - 1879*
- Place of Birth (Street and Number) *Delia Ave.*
- Full Name of Mother *Effie A. Schraapp*
- Mother's Maiden Name *Christina Schand*
- Mother's Birthplace *Germany*
- Full Name of Father *John Behmeyer*
- Father's Occupation *Blacksmith*
- Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. Arnold*
- Address *No. 137 N. E. St.*
- Remarks *11*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33586

SEP  
17  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth Sept 15
4. Place of Birth (Street and Number) 92 East st
5. Full Name of Mother Josephine G. Howard
6. Mother's Maiden Name not married
7. Mother's Birthplace Baltimore md
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Less Johnson
- Address no 32 short st
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33587

SEP  
17  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*  
 1. Sex (state whether Male or Female) *female*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *Sept 15*  
 4. Place of Birth (Street and Number) *273 north chapple st*  
 5. Full Name of Mother *Ellen Gordon*  
 6. Mother's Maiden Name *Ellen Brown*  
 7. Mother's Birthplace *Richmond va*  
 8. Full Name of Father *John Cotton*  
 9. Father's Occupation *labr.*  
 10. Father's Birthplace *Richmond va*  
 Name of Medical Attendant, or other Person who makes this Return *Mrs Leas Johnson*  
 Address *no 32 Short st*  
 Remarks *healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33588



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

September 15th 4 P.M. / 1879

705-2, Pratt St

Alice Cranmer

" Mary

Jersey City

Thomas C. Cranmer

Capitalist

Jersey "State"

Alfred Shepherd M.D.

11 S. High St.

Return of a Birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33589

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept-15th

4. Place of Birth (Street and Number)

Clifton Balto Co Md

5. Full Name of Mother

May Chambers

6. Mother's Maiden Name

Purshaw

7. Mother's Birthplace

Balto Co Md

8. Full Name of Father

W. H. Chambers

9. Father's Occupation

Police Co

10. Father's Birthplace

Balto Co Md

Name of Medical Attendant, or other Person who makes this Return.

Geo W Davis

Address

Cris. Shuchter & Purshaw

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 15th 1877*
4. Place of Birth (Street and Number) *off 172 Chicago St.*
5. Full Name of Mother *Mary Hartung*
6. Mother's Maiden Name *Boelter*
7. Mother's Birthplace *C. Prussia*
8. Full Name of Father *Adolph Hartung*
9. Father's Occupation *Storekeeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwassart midwife*
- Address *330 Hanover St.*
- Remarks

33590



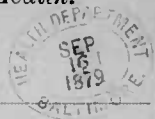
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33591

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *15th of September 1879*
4. Place of Birth (Street and Number) *303 East Lombard Street*
5. Full Name of Mother *Fanny Price*
6. Mother's Maiden Name *Fanny Sharkey*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Edward Charles Sharkey*
9. Father's Occupation *Houseman and Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Assistant Marshal*
- Address *77 North Chappel Street for Justice Kent*
- Remarks *Healthy*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33592  
COW

To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

Name of Child: *Harry Frederick Miller*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

SEP 26 1879  
BALTIMORE

1. Sex (state whether male or female) *Male*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *Sept 15th 79*
  4. Place of Birth (Street and Number) *340 Hamburg St*
  5. Full Name of Mother *Emelia Miller*
  6. Mother's Maiden Name *Smith*
  7. Mother's Birthplace *Balto.*
  8. Full Name of Father *August Miller*
  9. Father's Occupation *Porter*
  10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Kirk*  
Address *328 S. Euter St.*  
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33593

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP  
25  
1879  
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10<sup>m</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sept 15<sup>th</sup> 1879

4. Place of Birth (Street and Number) No 53 Cherrnut St Baltimore Md

5. Full Name of Mother Elizabeth Jackson

6. Mother's Maiden Name Elizabeth Cooper

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Samuel Jackson

9. Father's Occupation Fireman in a printing office

10. Father's Birthplace Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address No 51 Cherrnut St

Remarks



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33594

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 17 1879

4. Place of Birth (Street and Number)

No 131 Washington St

5. Full Name of Mother

Mary William Schroeder

6. Mother's Maiden Name

Mary William Child

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Andrew H. Schroeder

9. Father's Occupation

2nd Branch City Council

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Henry H. Hillegeist

Address

No 182 E. Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33593

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*  
1. Sex (state whether male or female) *female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *15 September 79*  
4. Place of Birth (Street and Number) *185 N. E. End Ave. St.*  
5. Full Name of Mother *Margaret Holzer*  
6. Mother's Maiden Name *Margaret O'Grady*  
7. Mother's Birthplace *Ireland*  
8. Full Name of Father *Adolphe Holzer*  
9. Father's Occupation *Sourer and Dyer*  
10. Father's Birthplace *France (Navy)*  
Name of Medical Attendant, or other Person who makes this Return. *M<sup>r</sup> Seabach*  
Address *439 West Pratt St.*  
Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 15. 1879*
4. Place of Birth (Street and Number) *413 S. Poppleton St.*
5. Full Name of Mother *Margie E. Stephens*
6. Mother's Maiden Name *Margie E. Wines*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Wesley B. Stephens*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Walling 10 Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Hunter*
- Address *21, N. Poppleton St.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33597

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex (state whether male or female)

a Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Monday the 15<sup>th</sup> of September 1879

4. Place of Birth (Street and Number)

No 26 North Carrollton Avenue

5. Full Name of Mother

Mary Catherine Elisabeth Burch

6. Mother's Maiden Name

Miner

7. Mother's Birthplace

Near New Windsor Carroll County Md

8. Full Name of Father

Theodore Alexander Burch

9. Father's Occupation

Barber

10. Father's Birthplace

Frederick City Md

Name of Medical Attendant, or other Person who makes this Return.

Susan Sluiter

Address

21 N. Poppleton St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32578

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *15 September 1879*
4. Place of Birth (Street and Number) *Canal St*
5. Full Name of Mother *Hattie Stredor*
6. Mother's Maiden Name *Ringsdorf*
7. Mother's Birthplace *N D*
8. Full Name of Father *Lois Stredor*
9. Father's Occupation *Taylor*
10. Father's Birthplace *N D*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Para Casper*
- Address *52 E. Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33599

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 15 September 8/9
4. Place of Birth (Street and Number) 46 Kassel St
5. Full Name of Mother Marie Bushman
6. Mother's Maiden Name Ecken
7. Mother's Birthplace Ireland
8. Full Name of Father Jon Bushman
9. Father's Occupation Dricklyer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Para Casper
- Address 52. E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33600

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 15 1879

4. Place of Birth (Street and Number)

#288 Hallins St

5. Full Name of Mother

Lou May Colley

6. Mother's Maiden Name

" " Wimpsters

7. Mother's Birthplace

Mrs James A Colley

8. Full Name of Father

Carpenter

9. Father's Occupation

10. Father's Birthplace

Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Geo W. [Signature]  
#1 Mauderly [Signature]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33601

To the Office of Registrar of Vital Statistics, Board of Health.  
 BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White
3. Date of Birth September 15th 1879
4. Place of Birth (Street and Number) Guy St. 159
5. Full Name of Mother Anna Roman
6. Mother's Maiden Name " Sengel
7. Mother's Birthplace Balta Md
8. Full Name of Father John Roman
9. Father's Occupation Blackman
10. Father's Birthplace Balta Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa H. Gray
- Address 48 Halland Street
- Remarks



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept- 15<sup>th</sup> 1879

4. Place of Birth (Street and Number)

N. W. Cor. Broadway & Madison St.

5. Full Name of Mother

Ellen Sophia Olden

6. Mother's Maiden Name

" " Wise

7. Mother's Birthplace

St. Mary's County - Maryland

8. Full Name of Father

Norah's Gates James Olden

9. Father's Occupation

Clerk.

10. Father's Birthplace

Queen Anne's County - Maryland

Name of Medical Attendant, or other Person who makes this Return.

Wm. L. Russell M.D.

Address

Broadway & Madison St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33603

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Fourth*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Sept. 15<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *477 N. Fremont St.*  
 5. Full Name of Mother *Ellen Cameron*  
 6. Mother's Maiden Name *Keeling*  
 7. Mother's Birthplace *York Co. Pa.*  
 8. Full Name of Father *Wm. Myers Cameron*  
 9. Father's Occupation *Carpenter*  
 10. Father's Birthplace *Amherst Co. Va.*  
 Name of Medical Attendant, or other Person who makes this Return. *W. Christian M.D.*  
 Address *431 Penna. Ave.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33604

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
September 15<sup>th</sup> 1879  
670 W Lombard St  
Maggie Wolf  
" Omer  
England  
Franklin W. Wolf  
Merchant  
Baltimore  
M. McQueen  
573 N. Bayview St

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33605-

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth September 15 - 1877

4. Place of Birth, (Street and Number) 1700 E. Caroline St

5. Full Name of Mother Virginia Worthington

6. Mother's Maiden Name Virginia Southwick

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles J. Worthington

9. Father's Occupation Clerk

10. Father's Birthplace Washington

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address 286 Mc Donough St.

Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33606



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Sept 15th 1879*

4. Place of Birth (Street and Number) *331 S Bond St*

5. Full Name of Mother *Marggereth Meis*

6. Mother's Maiden Name *Bruttner*

7. Mother's Birthplace *City*

8. Full Name of Father *John Meis*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*

Address *245 Canton Ave*

Remarks

33607

**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Fifteenth September*
4. Place of Birth (Street and Number) *Spexth Cula St. Gallo Med*
5. Full Name of Mother *Sarah V. Langguth*
6. Mother's Maiden Name *Sarah V. Kyres*
7. Mother's Birthplace *Norfolk Virginia*
8. Full Name of Father *Charles Langguth*
9. Father's Occupation *Walter*
10. Father's Birthplace *Sonneberg Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Miss H. H. H. H. H.*
- Address *104, 12th St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33608



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 15, 1892

4. Place of Birth (Street and Number)

Belair Road 3rd House E. of Washington

5. Full Name of Mother

Sola May Jones

6. Mother's Maiden Name

" " Hardester

7. Mother's Birthplace

A. A. Co. Md.

8. Full Name of Father

Edward Jones

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Balti - City

Name of Medical Attendant, or other Person who makes this Return.

J. M. White, M.D.

Address

361 N Broadway

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 15 1879*

4. Place of Birth (Street and Number) *Chase & Broadway*

5. Full Name of Mother *Margaret L. Lowe*

6. Mother's Maiden Name *" " Hudson*

7. Mother's Birthplace *Fredrick Co. Md*

8. Full Name of Father *John H. P. Lowe*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Balti - City*

Name of Medical Attendant, or other Person who makes this Return. *W. H. White M.D.*

Address *341 N. Broadway*

Remarks



**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33610

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> 11
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White Race
3. Date of Birth September 15<sup>th</sup> 1879
4. Place of Birth (Street and Number) 101 Franklin St -
5. Full Name of Mother Margaret - Maher Marian
6. Mother's Maiden Name Margaret - Maher
7. Mother's Birthplace Ireland
8. Full Name of Father James Marian
9. Father's Occupation Dray Man
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Misses Annie Mesenicht
- Address 1614 Penna Ave
- Remarks \_\_\_\_\_

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

24 Hellen St

4. Place of Birth (Street and Number)

15 Sep

5. Full Name of Mother

Margaret Gaden

6. Mother's Maiden Name

Husley

7. Mother's Birthplace

Ireland

8. Full Name of Father

James Gaden  
Hamster

9. Father's Occupation

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Harrison

Address

No 7 Forrest Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38612

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept. 15<sup>th</sup> 1879
4. Place of Birth (Street and Number) 48 N. Dally Str.
5. Full Name of Mother Kathrine Hemmicks
6. Mother's Maiden Name K. Kiebler
7. Mother's Birthplace Baltimore
8. Full Name of Father Jens Hemmicks
9. Father's Occupation Loeber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger
- Address 134 N. Bond Str.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33613



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> Child  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) Negro  
 3. Date of Birth Sept. 16, 1879  
 4. Place of Birth (Street and Number) 86 Dover St.  
 5. Full Name of Mother Mary Palmer  
 6. Mother's Maiden Name Mary Palmer  
 7. Mother's Birthplace Accomac Co. Va.  
 8. Full Name of Father \_\_\_\_\_  
 9. Father's Occupation \_\_\_\_\_  
 10. Father's Birthplace \_\_\_\_\_  
 Name of Medical Attendant, or other Person who makes this Return. W. B. Canfield Jr.  
 Address 237 W Lombard  
 Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33614

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11~~th~~th

1. Sex (state whether Male or Female)

Boy

2. Race or Color (if not of the white race)

White

3. Date of Birth

Tuesday September 16th. 1879

4. Place of Birth (Street and Number)

276 N. Front St

5. Full Name of Mother

Caroline Slieger

6. Mother's Maiden Name

Caroline Kilminger

7. Mother's Birthplace

York, Pa.

8. Full Name of Father

William H. Slieger

9. Father's Occupation

Phonographer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Wagner-Brinley M.D.

Address

369 N. Caroline St.

Remarks

Vertex Presentation,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 16 1879

4. Place of Birth (Street and Number) 54 North St

5. Full Name of Mother Margaret Dyer

6. Mother's Maiden Name Margaret Couch

7. Mother's Birthplace Germany

8. Full Name of Father George Dyer

9. Father's Occupation labor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Wm E Gray

Address 123 Chester St

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*

1. Sex (state whether male or female) *Girl*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Sept 16<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *58 Perry Street*

5. Full Name of Mother *Lottie Calahan*

6. Mother's Maiden Name

7. Mother's Birthplace *Bath City*

8. Full Name of Father *James Calahan*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Wilmington Delaware Wilmington Del*

Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*

Address *11 Burgundy City*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 14<sup>th</sup> 1879
4. Place of Birth (Street and Number) Barry Street, No. 21
5. Full Name of Mother Catherine Mary Brown
6. Mother's Maiden Name Catherine Mary Jacobs
7. Mother's Birthplace Bonnbeck Germany
8. Full Name of Father Henry Herman Brown
9. Father's Occupation Conductor on freight R.R. & P.R.R.
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Whitten
- Address No 121 East Ave
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1<sup>st</sup>  
Male  
White  
Sept 16<sup>th</sup> 1879  
Hull St Locust Point  
Polly Evans  
Polly Rogerson  
Europe  
Morgan Evans  
Theodore  
Ma  
H B Noble  
17 Hanover Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Children*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *16 of September 1879*
4. Place of Birth (Street and Number) *12 87 Johnson St*
5. Full Name of Mother *Barbara Reice*
6. Mother's Maiden Name *Barbara Hehner*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Nikolaus Reice*
9. Father's Occupation *Barber*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Isabena Grishaber*
- Address *No. 128 West St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33620

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth September 16<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) Baltimore Hill at No 49 1/2  
 5. Full Name of Mother Mary Burk Murray  
 6. Mother's Maiden Name Burk  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Thomas Murray  
 9. Father's Occupation Laborer  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough  
 Address No 22 S. Montgomery St. Balt  
 Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race)

3. Date of Birth *Sept 16. 1879*

4. Place of Birth (Street and Number) *130 S. Eden*

5. Full Name of Mother *Annie Monatt*

6. Mother's Maiden Name *" Doyle*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Henry Monatt*

9. Father's Occupation *Sea Captain*

10. Father's Birthplace *Scotland*

Name of Medical Attendant, or other Person who makes this Return. *Scott Reynolds*

Address *43 N. Calvert St*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

Name: *Florence G. Harrison*  
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Sept. 16<sup>th</sup>*  
 4. Place of Birth (Street and Number) *Warner St 6*  
 5. Full Name of Mother *F. Harrison*  
 6. Mother's Maiden Name *Glumber*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *John Harrison*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Mary Koch*  
 Address *328 S. Eutan St.*  
 Remarks

SEP 26 1879  
BALTIMORE

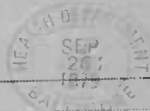
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *Sept. 16<sup>th</sup>*
4. Place of Birth (Street and Number) *14 Harmony Lane*
5. Full Name of Mother *M<sup>r</sup> Fannie Brooke*
6. Mother's Maiden Name *Hammond*
7. Mother's Birthplace *California*
8. Full Name of Father *Jos. W. Brooke*
9. Father's Occupation *Hardware*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *H. F. Hill M.D.*
- Address *361 Franklin St.*
- Remarks



**Return of a Birth in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

336211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 16<sup>th</sup> 79
4. Place of Birth (Street and Number) No 34 Spring Hill Lane
5. Full Name of Mother Mary Cohen
6. Mother's Maiden Name Mary Harris
7. Mother's Birthplace Germany
8. Full Name of Father Wm. Cohen
9. Father's Occupation Clothing Store
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. H. Harris
- Address No 18 & 6 Monument St
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth (Street and Number) \_\_\_\_\_
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_





rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33626

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

M

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 16<sup>th</sup> 1879

4. Place of Birth (Street and Number)

130 N. Schroder St

5. Full Name of Mother

Emory

6. Mother's Maiden Name

7. Mother's Birthplace

Balto Md.

8. Full Name of Father

Julian Emory

9. Father's Occupation

Clerk

10. Father's Birthplace

Balto Md.

Name of Medical Attendant, or other Person who makes this Return.

Chas. Morfitt

Address

1067 East Balto St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4<sup>th</sup>)*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *September 16<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *No. 92 North Ann St.*  
5. Full Name of Mother *Mrs. Mary Ann Spicer*  
6. Mother's Maiden Name *Miss M. A. Young*  
7. Mother's Birthplace *Baltimore Md.*  
8. Full Name of Father *Mr. Adolphus B. Spicer*  
9. Father's Occupation *Bricklayer*  
10. Father's Birthplace *Baltimore Md.*  
Name of Medical Attendant, or other Person who makes this Return. *Wm H. Claudineu M.D.*  
Address *No. 102 North Broadway*  
Remarks

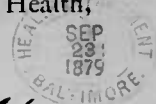
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38625

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Child*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race)

3. Date of Birth *Sept 16<sup>th</sup> 79*

4. Place of Birth (Street and Number) *81 Cross. St.*

5. Full Name of Mother *Eliza Black.*

6. Mother's Maiden Name *" Schoefflein.*

7. Mother's Birthplace *Balto. City*

8. Full Name of Father *Chas. N. Black.*

9. Father's Occupation *Yeast Maker.*

10. Father's Birthplace *Balto City*

Name of Medical Attendant, or other Person who makes this return *R. J. N. Tall. M.D.*

Address *152 Sharp St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33629

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SEP  
23  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>d</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. the 16<sup>th</sup> 1879

4. Place of Birth (Street and Number)

32 Thames St

5. Full Name of Mother

Katharina Gottschalk

6. Mother's Maiden Name

" " Kringselstein

7. Mother's Birthplace

Germany

8. Full Name of Father

Heber Gottschalk

9. Father's Occupation

laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Louise Kraft

Address

236 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33630

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup> Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September 16, 1889.*

4. Place of Birth (Street and Number) *Friedrich St. No 21.*

5. Full Name of Mother *Wilhelmine Lindenschmidt*

6. Mother's Maiden Name *Wilhelmine Hebbel.*

7. Mother's Birthplace *Asenbergr. Gr. Hessen. Germany*

8. Full Name of Father *August W. Lindenschmidt*

9. Father's Occupation *Beiseurateur*

10. Father's Birthplace *Mainz. Gr. Hesse. Germany*

Name of Medical Attendant, or other person who makes this Return. *Harry E. Muller*

Address *N. Dallas St. No 26.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

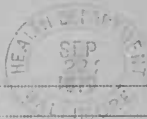
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33631

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
1. Sex (state whether male or female) *Male*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *September 16, 1879*
  4. Place of Birth (Street and Number) *N. Bond St. No. 28*
  5. Full Name of Mother *Priscilla Havanaugh*
  6. Mother's Maiden Name *Priscilla Coy*
  7. Mother's Birthplace *Baltimore City*
  8. Full Name of Father *Samuel Havanaugh*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Huller*
- Address *N. Dallas St. No. 26*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

336221



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov. September 16<sup>th</sup>*
4. Place of Birth (Street and Number) *Baltimore No 321 West St*
5. Full Name of Mother *Milvina Dorsey*
6. Mother's Maiden Name *" Dorsey*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Sickelmaier Wilson*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *St. Island*
- Name of Medical Attendant, or other Person who makes this Return. *Julius Wilson*
- Address *329 West 11<sup>th</sup> St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 16 1879
4. Place of Birth (Street and Number) 344 South Bond St
5. Full Name of Mother Louise Dietzel
6. Mother's Maiden Name Louise Grah
7. Mother's Birthplace Baltimore
8. Full Name of Father Adrian Dietzel
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address Name of Child
- Remarks Charles Frederick William Dietzel



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

336311

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White race
3. Date of Birth September 16<sup>th</sup> 1874
4. Place of Birth (Street and Number) Law Street 121
5. Full Name of Mother Mary McEntee
6. Mother's Maiden Name "Effing
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry McEntee
9. Father's Occupation Cigar maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs L. H. H. H.
- Address 48 Hollenback St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *color*
3. Date of Birth *September 16*
4. Place of Birth (Street and Number) *178 Hanover Street*
5. Full Name of Mother *Sarah Day*
6. Mother's Maiden Name *Sarah Hammond*
7. Mother's Birthplace *Lafayette County, Md.*
8. Full Name of Father *Wesley Hammond*
9. Father's Occupation *Spencer glove*
10. Father's Birthplace *Small Hill*
- Name of Medical Attendant, or other Person who makes this Return. *William Cress*
- Address *181 York Street St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33636

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *male* ~~Female~~
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Sept. 16th 1879*
4. Place of Birth (Street and Number) *pine st 109*
5. Full Name of Mother *Louisa Brown*
6. Mother's Maiden Name
7. Mother's Birthplace *Virginia Spotsville county*
8. Full Name of Father *name unknown*
9. Father's Occupation *unknown*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Bias*
- Address *57. Raburg Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 16<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 2 Ainsworth St*
5. Full Name of Mother *Annie Kernan*
6. Mother's Maiden Name *Annie O'Hara*
7. Mother's Birthplace *Solihull (England)*
8. Full Name of Father *James Lawrence Kernan*
9. Father's Occupation *Manager of Theatre*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *W. D. Schmitt, M.D.*
- Address *86 S. Fayette St*
- Remarks *Natural Labor*

*Birth Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33635

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Sept 16th 1879*

4. Place of Birth (Street and Number) *29 Elliott St*

5. Full Name of Mother *Mellie Jane Jefferson*

6. Mother's Maiden Name *Clark*

7. Mother's Birthplace *Batts Ind*

8. Full Name of Father *William A. Jefferson*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Batts Ind*

Name of Medical Attendant, or other Person who makes this Return. *E J Williams M.D.*

Address *17 Calverton St*

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Sept 16<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *95 Cambridge str*

5. Full Name of Mother *Mary Downs*

6. Mother's Maiden Name *Gast*

7. Mother's Birthplace *City*

8. Full Name of Father *Mike Downs*

9. Father's Occupation *Oyster shucker*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*

Address *245 Canton Ave*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *15<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *Sept 16<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *66 Bank str*  
 5. Full Name of Mother *Jane Wilson*  
 6. Mother's Maiden Name *Mises*  
 7. Mother's Birthplace *City*  
 8. Full Name of Father *James Wilson*  
 9. Father's Occupation *Deceased*  
 10. Father's Birthplace *City*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*  
 Address *245 Canton Ave*  
 Remarks



33640

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 16. 1879
4. Place of Birth (Street and Number) 464 N Monument St.
5. Full Name of Mother Noah M<sup>c</sup>Comb
6. Mother's Maiden Name Mitchell
7. Mother's Birthplace Ireland
8. Full Name of Father Hugh M<sup>c</sup>Comb
9. Father's Occupation Laborer.
10. Father's Birthplace Scotland
- Name of Medical Attendant, or other Person who makes this Return. Mary Jones M<sup>d</sup>
- Address 68 M<sup>c</sup>Callum St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Twins.*  
1. Sex (state whether male or female) *Male & Female.*  
2. Race or Color (if not of the white race) *White.*  
3. Date of Birth *September 16. 1879*  
4. Place of Birth (Street and Number) *50 C. Fayette St.*  
5. Full Name of Mother *Evelyn Hilton.*  
6. Mother's Maiden Name *Evelyn Arnold.*  
7. Mother's Birthplace *Ohio.*  
8. Full Name of Father *William H. Hilton.*  
9. Father's Occupation *Business Dealer.*  
10. Father's Birthplace *Maryland.*  
Name of Medical Attendant, or other Person who makes this Return. *I. R. Howard M.D.*  
Address *75 C. Baltimore St.*  
Remarks

33642

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Sept 16th 1879*

4. Place of Birth (Street and Number) *To L. George Ph.*

5. Full Name of Mother *Caroline Heiser*

6. Mother's Maiden Name *Caroline Shreiner*

7. Mother's Birthplace *Mad*

8. Full Name of Father *Fredrick Heiser*

9. Father's Occupation *Clark*

10. Father's Birthplace *Mad*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*W. Heller M.D.*  
*879 N. Howard St.*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33644

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Black*  
 3. Date of Birth *Sept 17 1879*  
 4. Place of Birth (Street and Number) *# 8 Little Pine St*  
 5. Full Name of Mother *Kate Copeman*  
 6. Mother's Maiden Name *Kate Howard*  
 7. Mother's Birthplace *Bath Co Md*  
 8. Full Name of Father *Murray Coleman*  
 9. Father's Occupation *Wagoner*  
 10. Father's Birthplace *Dorchester Co Md*  
 Name of Medical Attendant, or other Person who makes this Return. *A. Ransome M.D.*  
 Address *# 349 W Biddle St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 17 - 1879
4. Place of Birth (Street and Number) 358 Eastern Ave
5. Full Name of Mother Mrs. Flaherty
6. Mother's Maiden Name McGinn
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Flaherty
9. Father's Occupation Carpenter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Wm. E. Leary
- Address 193, Chester St
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33646



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 17. 1879
4. Place of Birth (Street and Number) 102 Patterson Av.
5. Full Name of Mother Mrs Matilda Kemp
6. Mother's Maiden Name McCoy
7. Mother's Birthplace Balt City
8. Full Name of Father Chas. M. Kemp
9. Father's Occupation Clerk
10. Father's Birthplace Balt City
- Name of Medical Attendant, or other Person who makes this Return. Dr. S. S. Schaffner
- Address 4 Cathedral St.
- Remarks nil.

MISSING

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# 33647

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *September 17<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *159 N. Dallas St.*
5. Full Name of Mother *Margaret Carroll*
6. Mother's Maiden Name *Johnson*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *Jesse Carroll*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Annapolis*
- Name of Medical Attendant, or other Person who makes this Return. *E. B. Fenby.*
- Address *319 N. Central Ave.*
- Remarks


rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

336119

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 17th Sept 1879
4. Place of Birth (Street and Number) 449 Central Avenue
5. Full Name of Mother Kate Estelle McRabbin
6. Mother's Maiden Name Belcher
7. Mother's Birthplace Baltimore
8. Full Name of Father William Miller McRabbin
9. Father's Occupation Shoe Polisher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm H. Lippincott M.D.
- Address No 15 High St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SEP 26 1879  
BALTIMORE

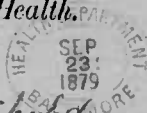
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 17. 1879*
4. Place of Birth (Street and Number) *Canon Row*
5. Full Name of Mother *Annie L. M. Schmidt*
6. Mother's Maiden Name *Annie L. Miller*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Louis Schmidt*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary E. Quinn*
- Address *# 171 S Washington St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *September 17th*
4. Place of Birth (Street and Number) *no 152 York St*
5. Full Name of Mother *eliza jane grippin*
6. Mother's Maiden Name *eliza jane grippin*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jacob Nielsen*
9. Father's Occupation *labourer*
10. Father's Birthplace *virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Lydia Porter*
- Address *no 4 poppleton avenue*
- Remarks *Healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33652

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth September 17 1879
4. Place of Birth (Street and Number) 181 Tilton St
5. Full Name of Mother Fetty Brown
6. Mother's Maiden Name Fetty Samson
7. Mother's Birthplace Tolbot county Maryland
8. Full Name of Father William Brown
9. Father's Occupation laborer
10. Father's Birthplace Baltimore Maryland
- Name of Medical Attendant, or Other Person who makes this Return. Allen Chubb
- Address 42 Sharp St ally
- Remarks Baltimore Maryland

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

32653

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Sept. 17. 1879  
 4. Place of Birth (Street and Number) Richmond & Bridle St  
 5. Full Name of Mother Mary Ann Quinn  
 6. Mother's Maiden Name McQuillan  
 7. Mother's Birthplace Ireland  
 8. Full Name of Father John Quinn  
 9. Father's Occupation Laborer  
 10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. E. Atkinson  
223 Madison Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SEP 23 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth.*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *11th of Sept (1879)*  
 4. Place of Birth (Street and Number) *W. McHenry St. Baltimore*  
 5. Full Name of Mother *Catherine Spill*  
 6. Mother's Maiden Name *Catherine Barry*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Samuel Spill*  
 9. Father's Occupation *Cattle Dealer*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *W. J. Loman*  
 Address. *No. 435 W. McHenry St.*  
 Remarks. *Strong healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth September 17 1879
4. Place of Birth (Street and Number) Baltimore Street 257
5. Full Name of Mother Mary Sheppard
6. Mother's Maiden Name " Archer
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Sheppard
9. Father's Occupation  Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm R. May
- Address 18 Holland St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33636

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *17 of September 1879*
4. Place of Birth (Street and Number) *75 Cambridge st*
5. Full Name of Mother *Margret* *Wheeler*
6. Mother's Maiden Name *Margret* *Hopper*
7. Mother's Birthplace *City* *Hemp* *Ireland*
8. Full Name of Father *Edward* *Wheeler*
9. Father's Occupation *Watchman*
10. Father's Birthplace *City* *Hemp* *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Wiley*
- Address *No 12 Patterson park Ave*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33657

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 17 - 1889*
4. Place of Birth (Street and Number) *139 13 Guilman's Alley*
5. Full Name of Mother *Francisca Schwartz*
6. Mother's Maiden Name *Largarchowska*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Edward Schwartz*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwaiss midwife*
- Address *330 Hanover st.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33658

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 17<sup>th</sup> 1879
4. Place of Birth (Street and Number) Baltimore. Parish. N. 20
5. Full Name of Mother Margaret Loughlighter
6. Mother's Maiden Name Margaret Rooney
7. Mother's Birthplace Baltimore
8. Full Name of Father John Loughlighter
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherine Mitchell
- Address Ramsey Street. N. 40
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

53657

SEP  
21  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. the 17<sup>th</sup> 1879
4. Place of Birth (Street and Number) 369 Eastern Ave
5. Full Name of Mother Henriette Wendt
6. Mother's Maiden Name " " Hoch
7. Mother's Birthplace Germany
8. Full Name of Father Friedrich Wendt
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Louise Kraft
- Address 236 Canton Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33660

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th,

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 17th Sept 11:05 P.M.

4. Place of Birth (Street and Number) 221 Mango St.

5. Full Name of Mother Laura Mary

6. Mother's Maiden Name Ward

7. Mother's Birthplace Baltimore City

8. Full Name of Father James N. Harry

9. Father's Occupation Brick-maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. H. L. Dierckx

Address 116 Columbia Ave

Remarks Child in good physical condition, & living



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33661

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> Child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 17, 1879
4. Place of Birth (Street and Number) N. Durham St. No 319.
5. Full Name of Mother Bridget Anderson
6. Mother's Maiden Name Bridget Elow
7. Mother's Birthplace Wey County, N. Yr. Prussia, Europe
8. Full Name of Father Daniel Anderson
9. Father's Occupation Carpenter
10. Father's Birthplace Wey County, N. Yr. Prussia, Europe
- Name of Medical Attendant, or other Person who makes this Return Mary E. Muller
- Address N. Dallas St. No 26.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33662

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 17 September 1879
4. Place of Birth (Street and Number) Central Av.
5. Full Name of Mother Barbara Lottes
6. Mother's Maiden Name Forster
7. Mother's Birthplace Germany
8. Full Name of Father John Lottes
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Casper
- Address 52. E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33663

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 5d*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *17th of Sept*

4. Place of Birth (Street and Number) *No 493 West Lombard St*

5. Full Name of Mother *Laura Schaidt*

6. Mother's Maiden Name *Kaunmott*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Philip Schaidt*

9. Father's Occupation *Barber*

10. Father's Birthplace *Baltimore County*

Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*

Address *21, N. Fayette St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33664

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Sept. 17 - 1870*
4. Place of Birth (Street and Number) *1292 Lexington St.*
5. Full Name of Mother *Antonia - Schaub*
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace *Kloppenburg, Germany*
8. Full Name of Father *J. H. - Schaub*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. B. Sullivan*
- Address *201 N. Carrollton St.*
- Remarks *General*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32665

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sept 17/79*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race)  
3. Date of Birth *Sept 17/79*  
4. Place of Birth (Street and Number) *48 Hillman St*  
5. Full Name of Mother *Mary Ann A. Miller*  
6. Mother's Maiden Name *" " Mc Grail*  
7. Mother's Birthplace *Balt.*  
8. Full Name of Father *Hortman Miller*  
9. Father's Occupation *Miller*  
10. Father's Birthplace *Germany*  
Name of Medical Attendant, or other Person who makes this Return *Edward P. Anderson*  
Address *137 N. E. 2nd St*  
Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33666

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *September 17 1879*
4. Place of Birth (Street and Number) *Baltimore, Maryland, Alh. 214*
5. Full Name of Mother *Josephine Genthorne*
6. Mother's Maiden Name *Josephine Slack*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *James A. Genthorne*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore County, Md.*
- Names of Medical Attendant, or other Person who makes this return *Wm. M. Shaffer*
- Address *Bridge Street, N. E. 114*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33667

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 17. 1879
4. Place of Birth (Street and Number) My Eldon St 54
5. Full Name of Mother Elizabeth Beach
6. Mother's Maiden Name Schmidt
7. Mother's Birthplace Baltimore
8. Full Name of Father Silvanus Beach
9. Father's Occupation Cornmaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. Henry Pringle
- Address South Wall 74
- Remarks Indisposed

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33668

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Child 2<sup>d</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *September 17<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *Baltimore 180 Orleans St.*  
 5. Full Name of Mother *Mary Catharine Arlin*  
 6. Mother's Maiden Name *Mary Catharine Waly*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *George William Arlin*  
 9. Father's Occupation *Butcher*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Catharine M. Bedford*  
 Address *141 Orleans St.*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33669

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10<sup>th</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Sept 17<sup>th</sup> 1879

4. Place of Birth, (Street and Number)

202 A Paca St

5. Full Name of Mother

Henrietta Mason

6. Mother's Maiden Name

7. Mother's Birthplace

Balto City

8. Full Name of Father

George Mason

9. Father's Occupation

Huckster

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. H. Murray

Address

76 Paca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33670

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



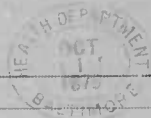
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 17 1879
4. Place of Birth (Street and Number) 365 McDonald St
5. Full Name of Mother Mary M. Foster
6. Mother's Maiden Name " " Whittington
7. Mother's Birthplace A. A. Co.
8. Full Name of Father Wm. H. Foster
9. Father's Occupation Laborer
10. Father's Birthplace Balt City
- Name of Medical Attendant, or other Person who makes this Return. W. H. White, M.D.
- Address 341 Broadway
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33671

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

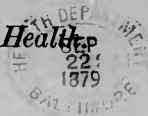


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 17 1875
4. Place of Birth (Street and Number) 11th Street No. 2
5. Full Name of Mother Carolina Hartman
6. Mother's Maiden Name Carolina Busskhard
7. Mother's Birthplace Germany
8. Full Name of Father August Hartman
9. Father's Occupation Police Officer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. David H. P. P.
- Address No. 114 Battery St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 18 1879*
4. Place of Birth (Street and Number) *191 Montgomery St*
5. Full Name of Mother *Louisa M. Campen*
6. Mother's Maiden Name *Louisa M. Myers*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Henry C. Campen*
9. Father's Occupation *Fin Can Manufacturer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33673

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 18 8 45 A.M. 1879 Boy
4. Place of Birth (Street and Number) 351 E. Bayview St.
5. Full Name of Mother Margaret Ann Groh
6. Mother's Maiden Name Margaret Ann Kieker
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Groh
9. Father's Occupation Green Slicer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. James E. Donnell M.D.
- Address 299 E. Baltimore St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33674

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 18<sup>th</sup> 2:50 P.M. 1879*
4. Place of Birth (Street and Number) *81 S. Chester Street*
5. Full Name of Mother *Laura Virginia Grapes*
6. Mother's Maiden Name *Laura Virginia Kearney*
7. Mother's Birthplace *Bald. City*
8. Full Name of Father *Henry Grand Grapes*
9. Father's Occupation *Grain Inspector*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Driville M.D.*
- Address *279 E. Baltimore Street,*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 d.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Sept. 18 d 1879*
4. Place of Birth (Street and Number) *76 n. Brodway*
5. Full Name of Mother *Chara Hughes*
6. Mother's Maiden Name *Chara Chanoweth*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jam's Hughes*
9. Father's Occupation *produkt dealer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *M. R. Ruchiger*
- Address *134 n. Bondstr.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33676

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

18 of September 1899

4. Place of Birth (Street and Number)

No 84 Battery Avenue

5. Full Name of Mother

Rosa Zinkant

6. Mother's Maiden Name

Rosa Miller

7. Mother's Birthplace

Hessen Germania

8. Full Name of Father

Michael Zinkant

9. Father's Occupation

Rupprecht

10. Father's Birthplace

Hessen Germania

Name of Medical Attendant, or other Person who makes this Return.

Sabena Grishaber

Address

No 128 West St. Baltimore City

Remarks

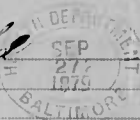
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 child



1. Sex (~~state whether male or~~ female)

2. Race or Color (if not of the white race)

3. Date of Birth

September 18<sup>th</sup> 1879

4. Place of Birth (Street and Number)

North Bay 38

5. Full Name of Mother

Margaret Shaw

6. Mother's Maiden Name

Shaw

7. Mother's Birthplace

Calvert Co Md

8. Full Name of Father

Robert Amos Shaw

9. Father's Occupation

Farmer

10. Father's Birthplace

Calvert Co Md

Name of Medical Attendant, or other person who makes this Return.

Wm H. Vayson

Address

18 Conquith St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether male or female) *male*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *Sept 15<sup>th</sup> 79*  
4. Place of Birth (Street and Number) *199 Hamburg St*  
5. Full Name of Mother *Rose Klemm*  
6. Mother's Maiden Name *Kaufman*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *John Klemm*  
9. Father's Occupation *Grocery Dealer*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Mary Koch*  
Address *328 S. Eulan St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SEP 26 1879

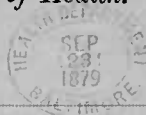
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 18<sup>th</sup> 79*
4. Place of Birth (Street and Number) *133 Hamburg St*
5. Full Name of Mother *Mary Green*
6. Mother's Maiden Name *Richard Richmond*
7. Mother's Birthplace *Pross, Prussia, Prussia*
8. Full Name of Father *Joseph Green*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mary Roth*
- Address *328 E. Euter St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33680

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

September 16th 79

4. Place of Birth (Street and Number)

10 East Biddle St

5. Full Name of Mother

Mrs Mary Kidel

6. Mother's Maiden Name

Mary Crone

7. Mother's Birthplace

Ireland

8. Full Name of Father

George Kidel

9. Father's Occupation

Cash Maker

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Rice Haberman

Address

1226 N. Transit St Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1<sup>st</sup>.  
M. C. Wright  
1271. Annapolis St..  
Baltimore City.

C. D. Wright.  
Printer.  
Baltimore City.

Mary F. Felt  
125 S. E. Avenue  
Baltimore City



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

33682

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex (state whether male or female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *18th of September.*
4. Place of Birth (Street and Number) *Baltimore. 125 Eastern Ave.*
5. Full Name of Mother *Agnes Loddin Desch.*
6. Mother's Maiden Name *Desch.*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *George Francis Desch.*
9. Father's Occupation *Printer.*
10. Father's Birthplace *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Wiley*
- Address *No 17 Patterson Park Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33683

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 18th 1879

4. Place of Birth (Street and Number)

187 Canby st.

5. Full Name of Mother

Mary Golly

6. Mother's Maiden Name

Reeder

7. Mother's Birthplace

America

8. Full Name of Father

Herman Golly

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser midwife

Address

330 Hanover st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 18<sup>th</sup> 79

4. Place of Birth (Street and Number)

235 N. Eden St.

5. Full Name of Mother

Fanny Wilson

6. Mother's Maiden Name

7. Mother's Birthplace

"  
Calvert Co. Md.

8. Full Name of Father

Unknown

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

A. C. Stein, M.D.

Address

195 N. Eden St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33685

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18<sup>th</sup> September, 1879
4. Place of Birth (Street and Number) Baltimore, Parish street, No 24
5. Full Name of Mother Lusan ~~Wooden~~ Rotruck
6. Mother's Maiden Name Lusan Tilden
7. Mother's Birthplace Baltimore
8. Full Name of Father George Rotruck
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherine Mitchell
- Address No 240. Rainey's Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. the 18<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *S. Wolf St*
5. Full Name of Mother *Lina Gross*
6. Mother's Maiden Name *" " Stidmyr*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm Gross*
9. Father's Occupation *La borer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Louise Craft*
- Address *236 Canton ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33687

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *fifth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *18th September 1879*
4. Place of Birth (Street and Number) *661 W. Lombard Street*
5. Full Name of Mother *Kate Bullock*
6. Mother's Maiden Name *Kate Davis*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *John S. Bullock*
9. Father's Occupation *Glue Factory*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *D. C. Richardson M.D.*
- Address *W. W. Cornu Lombard & Fremont*
- Remarks *A fine healthy boy* *Shuts*

That any Physician, accoucheur, midwife, or other person in charge, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of said child or children.

# RETURN OF A BIRTH,

33688

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT  
OCT  
28  
1879

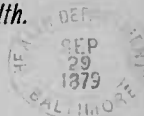
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 18, 1879.
4. Place of Birth, (Street and Number) 350 Canton Ave
5. Full Name of Mother Hannah Christina Wilson
6. Mother's Maiden Name Hannah C Johnson.
7. Mother's Birthplace Waltham, Sweden.
8. Full Name of Father Charles Wilson
9. Father's Occupation Seaman
10. Father's Birthplace Halmstadt, Sweden
- Name of Medical Attendant, or other Person who makes this Return. A. V. Goswiler, M.D.
- Address 254, Eastern Ave, East of Broadway.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33689

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Thursday, Sept 18th 1879

4. Place of Birth (Street and Number)

118 Highford St.

5. Full Name of Mother

Late O. Brum

6. Mother's Maiden Name

Late Aginton

7. Mother's Birthplace

Ireland

8. Full Name of Father

Patrick O. Brum

9. Father's Occupation

Stone Cutter

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return

Wm. Brum M.D.

Address

25 1/2 Greenmount Ave

Remarks

Vertex Presentation



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33690

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

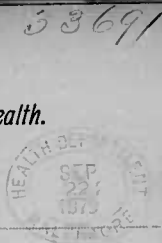


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *The 18. of September*
4. Place of Birth (Street and Number) *100 S. Second Street*
5. Full Name of Mother *Alice Smith*
6. Mother's Maiden Name
7. Mother's Birthplace *Baltimore M. I.*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Missy Cross*
- Address *181. York Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) non sp.
3. Date of Birth Jan. 18. 1879.
4. Place of Birth (Street and Number) Baltimore County.
5. Full Name of Mother Christine Ebert.
6. Mother's Maiden Name Lein.
7. Mother's Birthplace Baltimore
8. Full Name of Father Christoph Ebert.
9. Father's Occupation Farmer.
10. Father's Birthplace Prussia.
- Name of Medical Attendant, or other Person who makes this Return. Anna Pimmmer.
- Address 6' Donnell St. N.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

23692

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 20<sup>th</sup> 1879



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 13<sup>th</sup> 1879
4. Place of Birth (Street and Number) 119 Garkham St.
5. Full Name of Mother Maggie Liddner
6. Mother's Maiden Name Maggie Brill
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Liddner
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. W. S. May General
- Address 131 South Wolfe Street
- Remarks C.P.

# RETURN OF A BIRTH.

33693

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

Name of child: *Walter Belcho Belitz*  
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)



1. Sex (state whether Male or Female)

*male*

2. Race or Color (if not of the white race)

3. Date of Birth

*Sept. 18: 1879*

4. Place of Birth (Street and Number)

*Argyle av & Dolphin str.*

5. Full Name of Mother

*Matilda*

6. Mother's Maiden Name

*Kaprt KAPRT*

7. Mother's Birthplace

*Germany*

8. Full Name of Father

*Adelbert Belitz*

9. Father's Occupation

*Bookkeeper*

10. Father's Birthplace

*Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address

*Putnamet St.*

Remarks

*137 - W. Fayette St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33694

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

46

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 18, 1879

4. Place of Birth (Street and Number)

J. Durham str #3

5. Full Name of Mother

Durham Schuler

6. Mother's Maiden Name

Boeryman

7. Mother's Birthplace

Strallendorf Bremen

8. Full Name of Father

Michael Schuler

9. Father's Occupation

Lebber

10. Father's Birthplace

Stral Bremen

Name of Medical Attendant, or other Person who makes this Return.

Wm Lehman, Proprietor

Address

J. Wall str No 14

Remarks

Wm Dwyer

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8 Sep
4. Place of Birth (Street and Number) 18 Forrest Place
5. Full Name of Mother Ellen Bayley
6. Mother's Maiden Name Katey
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry M Bayley
9. Father's Occupation Craft Finisher
10. Father's Birthplace Philadelphia
- Name of Medical Attendant, or other Person who makes this Return. Isabella J. Wismer
- Address No 7 Forrest Place
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33696

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*

1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 18th 1879*
4. Place of Birth (Street and Number) *45 Allenmarle*
5. Full Name of Mother *Mary Staae*
6. Mother's Maiden Name *Miller*
7. Mother's Birthplace *Europe*
8. Full Name of Father *William Miller*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Europe*

Name of Medical Attendant, or other Person who makes this return *Mrs. C. Bernstein*  
Address *113 C. Lombard str.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33697

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>.

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth September 18<sup>th</sup> 1879

4. Place of Birth (Street and Number) Cos. Caroline S. Lombard str.

5. Full Name of Mother. Elizabeth Meldan

6. Mother's Maiden Name " Harr

7. Mother's Birthplace Europe

8. Full Name of Father August Meldan

9. Father's Occupation Tailor

10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this return Mrs. C. Bernstein

Address 113 C. Lombard str.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advize at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33698

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 h

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

18. th. Sept. 1879

4. Place of Birth (Street and Number)

S. Howard St. 264.

5. Full Name of Mother

Augusta Proff.

6. Mother's Maiden Name

Augusta Winter

7. Mother's Birthplace

In America

8. Full Name of Father

William Proff.

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Catherine. Münch.

Address

Leader hall # 16. 8.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33699

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 11th of September 1879

4. Place of Birth (Street and Number) 11th & Washington Street

5. Full Name of Mother Annie S. Smith

6. Mother's Maiden Name Annie S. Smith

7. Mother's Birthplace Baltimore

8. Full Name of Father Andrew S. Smith

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who make this Return. Dr. J. C. Smith

Address 11th & Washington Street, Baltimore

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33700

SEP  
22  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 19<sup>th</sup> 1879

4. Place of Birth (Street and Number)

220 Bond Hill Ave

5. Full Name of Mother

Lina Gieske

6. Mother's Maiden Name

Lina Bogeler

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm Gieske

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Kieffer

Address

121 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33701

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sept the 19<sup>th</sup>*
4. Place of Birth (Street and Number) *No 134 North Durkan St*
5. Full Name of Mother *Luby Smith*
6. Mother's Maiden Name *Hessup*
7. Mother's Birthplace *Northern Maryland County*
8. Full Name of Father *John H. Smith*
9. Father's Occupation
10. Father's Birthplace *Lawrence Lawrence County*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks *franklin andersen*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33702

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth:

Sept 19th

4. Place of Birth (Street and Number)

70 Parkin St.

5. Full Name of Mother

Mary E. Watts

6. Mother's Maiden Name

Keyser

7. Mother's Birthplace

Frederick Md

8. Full Name of Father

John W. Watts

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. W. Weber M.D.

Address

320 W Lombard St

Remarks

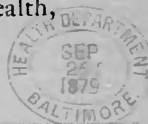
Child seems quite healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33703

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth September 19<sup>th</sup> 1879

4. Place of Birth (Street and Number) 33 Harrison str.

5. Full Name of Mother Anna Jacobs

6. Mother's Maiden Name Levin

7. Mother's Birthplace America

8. Full Name of Father Isaac Jacobs

9. Father's Occupation Merchant

10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this return Mrs. C. Bernstein

Address 43 E Lombard str

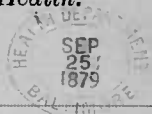
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

337011

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19 Sep
4. Place of Birth (Street and Number) 44 Liberty Alley
5. Full Name of Mother Mary Gillan
6. Mother's Maiden Name Carlin
7. Mother's Birthplace Ireland
8. Full Name of Father Mich Gillan
9. Father's Occupation Coachman
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Rosula J. Chrimer
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33703

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one* *first Child*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *Colored*  
3. Date of Birth *September 19<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *N<sup>o</sup> 56 Daves st*  
5. Full Name of Mother *Harriet Weaver*  
6. Mother's Maiden Name *Harriet Martin*  
7. Mother's Birthplace *Berryville Virginia*  
8. Full Name of Father *George L. Weaver*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Berryville Virginia*  
Name of Medical Attendant, or other Person who makes this Return. *Ellen Stubbs*  
Address *N<sup>o</sup> 42 Little Sharpe st*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33706

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 19th 1879*
4. Place of Birth (Street and Number) *No 59 Harrison street*
5. Full Name of Mother *Elizabeth Thomas MacDonnell*
6. Mother's Maiden Name *" " Culverwell*
7. Mother's Birthplace *Baltimore Maryland*
8. Full Name of Father *James Grant MacDonnell*
9. Father's Occupation *Accoucheur*
10. Father's Birthplace *Howard County Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Leander W. B. G. G. G.*
- Address *No 26 E. Franklin St.*
- Remarks

*Spelman*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar moreover, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33707  
SEP 23 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 5*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *the 19 of September*
4. Place of Birth (Street and Number) *No 319 Gales St*
5. Full Name of Mother *Mary. Wolf.*
6. Mother's Maiden Name *Mary. Kammer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Peter Kammer*
9. Father's Occupation *Shoe Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *111. Harper St*
- Remarks *111. Harper St*
- (1512)*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33708

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 19<sup>th</sup> Sept. 1879

4. Place of Birth (Street and Number) 59 S. Ballois St

5. Full Name of Mother Lizzie Benson

6. Mother's Maiden Name Maggie Knight

7. Mother's Birthplace Snow Hill Md

8. Full Name of Father Wm Benson

9. Father's Occupation Laborer

10. Father's Birthplace Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Wm Reah M.D.

Address 104 S. Ballois St

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33709  
SEP 23 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19<sup>th</sup> September 1879
4. Place of Birth (Street and Number) Baltimore McHenry Street No 27
5. Full Name of Mother Ellen Murphy
6. Mother's Maiden Name Ellen Coleman
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Murphy
9. Father's Occupation Labourer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Catherine Mitchell
- Address 1040 Ramsey Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33710

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19<sup>th</sup> September
4. Place of Birth (Street and Number) Baltimore. Parkin street 112
5. Full Name of Mother Mary Webb
6. Mother's Maiden Name Mary Steele
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael Webb
9. Father's Occupation Plasterer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherine Mitchell
- Address 19 40 Ramsey Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33711

SEP 23 1879

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

September 19<sup>th</sup> 1879  
152 N. Carrollton Avenue  
Margaret C. Henry,  
Margaret C. Henry,  
Son of Dr. M.  
Edward C. Henry  
Real Estate Broker.  
Baltimore City.  
Wm. J. R. Henry M.D.  
City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 19<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *2511 S Bond St*
5. Full Name of Mother *Wilhelmine Lehmann*
6. Mother's Maiden Name *" " " Heulse*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Wilhelm Lehmann*
9. Father's Occupation *Sattler*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Louise Kraft*
- Address *236 Canton Ave*
- Remarks

33713

th, HEALTH DEPARTMENT  
OCT.  
6  
1879  
BALTIMORE

Department of Psychology, University of California, Los Angeles, CA 90095

- Phares M.D.

Address N 114 Park Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33714

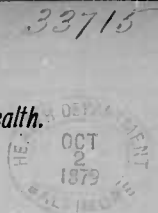
To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 19 September 1874
4. Place of Birth (Street and Number) 46 Tawn St
5. Full Name of Mother Marie Mills
6. Mother's Maiden Name Kronen
7. Mother's Birthplace N P
8. Full Name of Father Ben Mills
9. Father's Occupation Blacksmith
10. Father's Birthplace N P
- Name of Medical Attendant, or other Person who makes this Return. Mrs Para Casper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11. 6

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 19. 1874

4. Place of Birth (Street and Number)

St. Ann's str 282

5. Full Name of Mother

Silvia Wehman

6. Mother's Maiden Name

Piper

7. Mother's Birthplace

Lauren Hannover

8. Full Name of Father

Georg Wehman

9. Father's Occupation

Barkeeper

10. Father's Birthplace

Fegesay Glesbury

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. P. P. P.

Address

St. Mary's str 14

Remarks

under

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33716

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Third*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept. 7 1879*

4. Place of Birth (Street and Number) *77 Division St.*

5. Full Name of Mother *Beccia Hammevslough*

6. Mother's Maiden Name *Meyero*

7. Mother's Birthplace *Balto. City*

8. Full Name of Father *Julian Hammevslough*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Balto. City, Md.*

Name of Medical Attendant, or other Person who makes this Return. *A. Christian M.D.*

Address *431 Lenox Ave.*

Remarks

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33717

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_  
1. Sex (state whether Male or Female) \_\_\_\_\_  
2. Race or Color (if not of the white race) 72 white  
3. Date of Birth Sept 19th 1879  
4. Place of Birth (Street and Number) 573. Hanover St  
5. Full Name of Mother Mary Bradley  
6. Mother's Maiden Name Rowe  
7. Mother's Birthplace Baltimore  
8. Full Name of Father James Bradley  
9. Father's Occupation Workman on Rail Road  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. J. W. McQueen  
Address 282 N. Market St  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33718

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 20 September 1879
4. Place of Birth (Street and Number) 70 E. Ector St
5. Full Name of Mother Margareth Nerer
6. Mother's Maiden Name Mr Donal
7. Mother's Birthplace U S
8. Full Name of Father James Nerer
9. Father's Occupation workingman
10. Father's Birthplace U S
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33719

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 20. 1879.

4. Place of Birth (Street and Number)

# 40. S. Mount St.

5. Full Name of Mother

Ottilia Josephina Janson.

6. Mother's Maiden Name

Ottilia Josephina Feustel.

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Charles William Janson.

9. Father's Occupation

Organist & Teacher.

10. Father's Birthplace

Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33720

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 20th 1877*
4. Place of Birth (Street and Number) *No. 37 N. Central av.*
5. Full Name of Mother *Hannah Norman*
6. Mother's Maiden Name *Hergold*
7. Mother's Birthplace *Hessen Germany.*
8. Full Name of Father *Sigmond Hergold*
9. Father's Occupation *Dealer in Siles Linings*
10. Father's Birthplace *Baden Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. Butler*
- Address *No. 185 N. E. cor. of Central av. & Monument St.*
- Remarks *Well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

33721  
DEPT. OF HEALTH  
OCT 16 1879  
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Sept. 20 - 1879  
4. Place of Birth (Street and Number) N. Sticker St., cor. Rice St.  
5. Full Name of Mother Mary W. Stetchmer  
6. Mother's Maiden Name " " Moran  
7. Mother's Birthplace Baltimore, Md  
8. Full Name of Father Jos. L. Stetchmer  
9. Father's Occupation Bookbinder, U.C.D.R.  
10. Father's Birthplace Balta, Md  
Name of Medical Attendant, or other Person who makes this Return. Jos. J. King  
Address 76 Edmondson Ave  
Remarks Premature Birth - 7 mos -  
mother has had two miscarriages -



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth *Sept. 20. 1879*

4. Place of Birth (Street and Number) *W. Schuppelstr No 47*

5. Full Name of Mother *Harold Winless*

6. Mother's Maiden Name *Waring*

7. Mother's Birthplace *Oldenburg*

8. Full Name of Father *Johann Winless*

9. Father's Occupation *Boiler*

10. Father's Birthplace *Weiden, Prussia*

Name of Medical Attendant, or other Person who makes this Return. *Prof. F. H. Krausbach*

Address *W. Wallstr No 14*

Remarks *undev.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Sept. 20. 1879

St. Regester 95

F. Emma Scheffel

Kennel

Baltimore

Johann Scheffel

Baker

Adelbert Beyer

Dr. J. H. Prosser

1014 N. Wolfe St

W. D. M. P.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

23724  
33725

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male & Female (Subsisting)
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 20<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 230 Leonard St.
5. Full Name of Mother Mary Louisa Schutze
6. Mother's Maiden Name Reed
7. Mother's Birthplace 230 Leonard St.
8. Full Name of Father Edward S. Schutze
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. H. H. H.
- Address 76 St. Paul St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33726

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

September 20<sup>th</sup> / 79.

4. Place of Birth (Street and Number)

No 54 Walsh Str.

5. Full Name of Mother

Lottie Henkelman.

6. Mother's Maiden Name

Lottie Hunder

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Mathias Andrus Henkelman.

9. Father's Occupation

Porter.

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Miss Anna M. M. M.

Address

161 Penna St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth *20 Sep. 1879*

4. Place of Birth (Street and Number) *241 Hamburg St.*

5. Full Name of Mother *Mary Anna Mc Ginney*

6. Mother's Maiden Name *Benzel*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *James Mc Ginney*

9. Father's Occupation *Barkeeper*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mary Stein*

Address *157 E Pratt St.*

Remarks \_\_\_\_\_

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second,*  
1. Sex (state whether Male or Female) *Male.*  
2. Race or Color (if not of the white race) *White.*  
3. Date of Birth *September 20<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *118 N. Schroeder St.*  
5. Full Name of Mother *Clara Belle Fowler*  
6. Mother's Maiden Name *Brown*  
7. Mother's Birthplace *Balto. City*  
8. Full Name of Father *Joseph Allen Fowler*  
9. Father's Occupation *Plasterer*  
10. Father's Birthplace *Calvert County, Md.*  
Name of Medical Attendant, or other Person who makes this Return. *Louis W. Knight M.D.*  
Address *112 N. Greene St.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33729

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 20 September 1879
4. Place of Birth (Street and Number) 23 Holland St
5. Full Name of Mother Anna Guy
6. Mother's Maiden Name " Gourley
7. Mother's Birthplace Ireland
8. Full Name of Father Joseph Guy
9. Father's Occupation Porter
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Lane Guy
- Address 13 Holland St
- Remarks None

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

23730

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 20th 1879*
4. Place of Birth (Street and Number) *113 E. Lombard str.*
5. Full Name of Mother *Mollie Taylor*
6. Mother's Maiden Name *" McDevitt*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Samuel Taylor*
9. Father's Occupation *Saddler*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return

*Mrs. E. Bernstein*

Address *113 E. Lombard str.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

22721

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 2d September
4. Place of Birth (Street and Number) No 55 Durham St
5. Full Name of Mother Agnes Adams
6. Mother's Maiden Name Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father Conrad Adams
9. Father's Occupation Teacher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lapha Simon
- Address No 70 Enoch Street
- Remarks \_\_\_\_\_

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-~~th~~
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colored
3. Date of Birth 11. P.M. Saturday Sept 20. 1879
4. Place of Birth (Street and Number) State St. 27.
5. Full Name of Mother Anna Maria Hobbs
6. Mother's Maiden Name " " Moulton
7. Mother's Birthplace Balto
8. Full Name of Father Charles Hobbs
9. Father's Occupation Coachman
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Lucy Cornish
- Address No. 2 Jordan Alley
- Remarks The child appears to be in good health.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33733



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Girl*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sept 20<sup>th</sup> 1879 3 o'clock P.m.*
4. Place of Birth (Street and Number) *No 168 Waver Street*
5. Full Name of Mother *Lilly Sims*
6. Mother's Maiden Name *Sims*
7. Mother's Birthplace *Wet River A.A. Co Maryland*
8. Full Name of Father *Not know*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Deborah Whomers*
- Address *71 Broadway Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 20<sup>th</sup> 1879 6 o'clock AM*
4. Place of Birth (Street and Number) *No 125 Conway St*
5. Full Name of Mother *Maggie Lloyd*
6. Mother's Maiden Name
7. Mother's Birthplace *Balto City*
8. Full Name of Father *John Lloyd*
9. Father's Occupation *Springman*
10. Father's Birthplace *Balto City*
- Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*
- Address *71 Burgundy Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

22735

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 20th 79*
4. Place of Birth (Street and Number) *No 257 W. 4th St*
5. Full Name of Mother *Elizabeth Madson*
6. Mother's Maiden Name *Elizabeth Kacover*
7. Mother's Birthplace *Germany*
8. Full Name of Father *A. W. Madson*
9. Father's Occupation *House Painter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. H. H.*
- Address *No 12 S. E. Baltimore*
- Remarks

# RETURN OF A BIRTH.

33736

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

3d.

State whether Male or Female)

Female

Color (if not of the white race)

White race

Birth

September 20th

Place of Birth (Street and Number)

Baltimore fort av. 92

Name of Mother

Emma Baker

Maiden Name

Emma Harrison

Birthplace

Baltimore

Name of Father

Charles Baker

Occupation

Bricklayer

Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Hathorn

172 fort av

ks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

33737  
1st  
male  
Sept 20<sup>th</sup> 1879  
# 10 Arisquit St.  
Sarah Haus  
Sarah Eisenman  
Bapt. Mt  
W. C. Haus  
Grocer  
Germany  
A. Blumfeld M.D.  
# 7. S. High St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33738

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 6 child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21 of September 1879*
4. Place of Birth (Street and Number) *362 alicaster st*
5. Full Name of Mother *Pollie Korpel*
6. Mother's Maiden Name *" Burkhet*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Abel Korpel*
9. Father's Occupation *Salero*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. W. Day*
- Address *N 13 Patterson Park N*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33739

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 20. 1879*
4. Place of Birth (Street and Number) *53 Portland St*
5. Full Name of Mother *Catherine Smith*
6. Mother's Maiden Name *Heck*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Smith*
9. Father's Occupation *Cookman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Lebach*
- Address *439 West Pratt St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39740

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SEP  
23  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2<sup>nd</sup>) Second
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Sep 20 1879
4. Place of Birth (Street and Number) 231 N. Fremont St
5. Full Name of Mother Alice Amelia Cole
6. Mother's Maiden Name " " " "
7. Mother's Birthplace Loudon Co Va
8. Full Name of Father Geo Emory Cole
9. Father's Occupation Marble Cutter
10. Father's Birthplace Bath Md
- Name of Medical Attendant, or other Person who makes this Return J. B. H. " "
- Address " 231 N. Fremont St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

33741

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *Colored*  
3. Date of Birth *September 20th 1879*  
4. Place of Birth (Street and Number) *Hanover Street 178*  
5. Full Name of Mother *Mary Spencer*  
6. Mother's Maiden Name *Mary Johnson*  
7. Mother's Birthplace *Washington City D.C.*  
8. Full Name of Father *John Spencer*  
9. Father's Occupation *Seaman*  
10. Father's Birthplace *Westminster Carroll Co. Md.*  
Name of Medical Attendant, or other Person who makes this Return. *L. D. Spencer*  
Address *146 Hill St.*  
Remarks

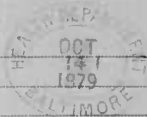
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 20th 79*
4. Place of Birth (Street and Number) *Baltimore City, Hampstead & Bond*
5. Full Name of Mother *Florence Bruttin*
6. Mother's Maiden Name *Clarke*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Frank Bruttin*
9. Father's Occupation *Carr. Man*
10. Father's Birthplace *Baltimore, Penn.*
- Name of Medical Attendant, or other Person who makes this Return. *Doctor W. H. Jones*
- Address *337 East Eager St. Balt.*
- Remarks



that any physician, accoucher, midwife, or other person in charge, with minor assistance, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) girl
2. Race or Color (if not of the white race) white
3. Date of Birth 1.2.11 Apr 20 1879
4. Place of Birth (Street and Number) Thames St
5. Full Name of Mother Catharine Sprouain
6. Mother's Maiden Name Catharine T. Baker
7. Mother's Birthplace Baltimore
8. Full Name of Father William Sprouain
9. Father's Occupation Tavern Keeper
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return, Mrs Laura Smith
- Address the child's home Gerry Sprouain
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



133744

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth 20th Sept. 1879.

4. Place of Birth (Street and Number) 29 Randall St.

5. Full Name of Mother Mary Prior

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father Joseph Prior,

9. Father's Occupation Street Car Driver.

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. R. B. Fishburne

Address 564 Eighth St.

Remarks Labor forcibly set in at 10 P.M. 21<sup>st</sup> 1st stage completed 9 A.M. 20<sup>th</sup>  
2nd stage at 10 A.M. Presentation Vertex Position R.O.S.A.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Female
  2. Race or Color (if not of the white race) White
  3. Date of Birth Sept 1 - 1879
  4. Place of Birth (Street and Number) No 163 Leonard st
  5. Full Name of Mother Mary Renschling
  6. Mother's Maiden Name Mary Hansen
  7. Mother's Birthplace Germany
  8. Full Name of Father Phyllis Renschling
  9. Father's Occupation Cabinet maker
  10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Lena Hillman
- Address No 152 E. Monument St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 21st 1879*
4. Place of Birth (Street and Number) *No. 32 N. Bond St.*
5. Full Name of Mother *Mary Richard*
6. Mother's Maiden Name *Baltimore*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Richard*
9. Father's Occupation *Wheeler*
10. Father's Birthplace *Bavaria Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. Bull.*
- Address *No. 185 N. E. cor. Central & N. Pennsylvania St.*
- Remarks *Well.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33747

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female)

*Male*

2. Race or Color (if not of the white race)

3. Date of Birth

*Sept 21<sup>st</sup> 1879*

4. Place of Birth (Street and Number)

*32 Rose St*

5. Full Name of Mother

*Lina Keegan*

6. Mother's Maiden Name

*" Phillips*

7. Mother's Birthplace

*City*

8. Full Name of Father

*James Keegan*

9. Father's Occupation

*Oyster shucker*

10. Father's Birthplace

*City*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs Elizabeth Betty*

Address

*245 Canton Ave*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33748

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

56

1. Sex (state whether Male or Female).....

17

2. Race or Color (if not of the white race).....

3. Date of Birth.....

Sept 21. 1879

4. Place of Birth (Street and Number).....

E. Pratt St. 296.

5. Full Name of Mother.....

Barbara Dexter

6. Mother's Maiden Name.....

Wong

7. Mother's Birthplace.....

Baltimore

8. Full Name of Father.....

Stephen Dexter

9. Father's Occupation.....

Starkes

10. Father's Birthplace.....

Baltimore

Name of Medical Attendant, or other Person who makes this Return.....

Wm. J. Prussack

Address.....

214 N. 1st St.

Remarks.....

Wm. J. Prussack

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) German
3. Date of Birth September 21 1874
4. Place of Birth (Street and Number) Holland St. No. 14
5. Full Name of Mother Lena J. Gumbel
6. Mother's Maiden Name Rosenheim
7. Mother's Birthplace Bohemia
8. Full Name of Father Philip Gumbel
9. Father's Occupation Salesman
10. Father's Birthplace Berlin
- Name of Medical Attendant, or other Person who makes this Return. Mrs. R. C. C. C.
- Address 48 Holland St.
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33750



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 21<sup>st</sup>

4. Place of Birth (Street and Number)

No 102 Mosher St

5. Full Name of Mother

Alice Blake

6. Mother's Maiden Name

" Bennett

7. Mother's Birthplace

Virginia

8. Full Name of Father

Chas R. Blake

9. Father's Occupation

Clerk

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J C Burch M D

Address

151 Hanover St

Remarks

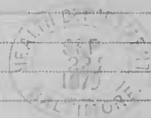
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. *Sept 22<sup>nd</sup> 1879.*

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 21<sup>st</sup> 1879*
4. Place of Birth (Street and Number) *117 Bank St.*
5. Full Name of Mother *Eugene Korn.*
6. Mother's Maiden Name *Caroline Bergholz.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Johan Korn.*
9. Father's Occupation *Restaurant.*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Amend.*
- Address *137 South Wolfe Street*
- Remarks *CH*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 21 1879*
4. Place of Birth (Street and Number) *1512 E. 5th St*
5. Full Name of Mother *Anna Keller*
6. Mother's Maiden Name *Miller*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *Simon H. Keller*
9. Father's Occupation *Barber*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. H. H. H.*
- Address *No 15 E 5th Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3  
Female  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 21. 1879

4. Place of Birth (Street and Number)

3.32 Bath Broadway

5. Full Name of Mother

Rachel C Clark

6. Mother's Maiden Name

Rachel C Boring

7. Mother's Birthplace

Carroll County

8. Full Name of Father

William C Clark

9. Father's Occupation

Pattern Maker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Amanda Marine

Address

378 East Monument

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33754  
DEF.  
26  
1879  
BARTIN

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 21<sup>st</sup> 77*
4. Place of Birth (Street and Number) *578 Light St.*
5. Full Name of Mother *Augusta Wolf*
6. Mother's Maiden Name *Albrecht*
7. Mother's Birthplace *Hamburg*
8. Full Name of Father *Richard Wolf*
9. Father's Occupation *Barber*
10. Father's Birthplace *Saxony, Germa.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Koch*
- Address *328 S. Euter St.*
- Remarks



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

53755



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Sept. 21<sup>st</sup> 1879
4. Place of Birth (Street and Number) ~~188~~ Light Street No. 631
5. Full Name of Mother Mary Kemp
6. Mother's Maiden Name Mary Klien
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father John Kemp
9. Father's Occupation Brick maker
10. Father's Birthplace Baltimore, Md
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33756

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept. 21st 1879*

4. Place of Birth (Street and Number) *Mutual Hospital 163 W Lombard St*

5. Full Name of Mother *Aldie Cook*

6. Mother's Maiden Name

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *unknown*

9. Father's Occupation *unknown*

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *W. A. Brantson M.D.*

Address *163 W Lombard St. City*

Remarks *Mother and child are doing well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 33757
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21 of September*
4. Place of Birth (Street and Number) *51 Patterson park Av*
5. Full Name of Mother *Mary Siney*
6. Mother's Maiden Name *Mary Walter*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *James Siney*
9. Father's Occupation *Croaman*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*
- Address *No 12 Patterson Park Av*
- Remarks *Calcd in Doctor Gately*

That any physician, recorder, minister, or other person, who shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

23758

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *fifth child* SEP 30 1879
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *caucasian*
3. Date of Birth *on the 21 of september*
4. Place of Birth (Street and Number) *No 4 Broadway ally*
5. Full Name of Mother *E. M. Martine Mason*
6. Mother's Maiden Name *E. M. Martine Tondel*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Salmon Mason*
9. Father's Occupation *Labour*
10. Father's Birthplace *Baltimore county*
- Name of Medical Attendant, or other Person who makes this Return. *Louise H. H. H.*
- Address *union st No 24*
- Remarks *in good health at this time*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33759

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



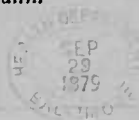
- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 21st 1879*
4. Place of Birth (Street and Number) *No 197 North Fremont Street*
5. Full Name of Mother *Lillie Sophia Thomas*
6. Mother's Maiden Name *Lillie Sophia Thomas*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Henry Albright Midner*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *H. S. Philie M.D.*
- Address *No 175 North Arlington Avenue*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33760

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *September 21<sup>st</sup> 1879*  
4. Place of Birth (Street and Number) *Leath st. 116*  
5. Full Name of Mother *Kate. Rush*  
6. Mother's Maiden Name *Kate. Lamar*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Louis Rush*  
9. Father's Occupation *Brick moulder*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Catherine Horner*  
Address *106 West St*  
Remarks

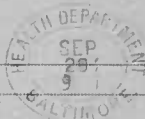
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 21<sup>st</sup>*
4. Place of Birth (Street and Number) *334 E. Madison St*
5. Full Name of Mother *Mary Aubrey*
6. Mother's Maiden Name *Mary Knell*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *Jackson Aubrey*
9. Father's Occupation *Dr. Sign maker*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. J. Clisby*
- Address *280 E. Monument St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

33762

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *1st Child*
1. Sex (state whether Male or Female)... *Female*
2. Race or Color (if not of the white race)... *White*
3. Date of Birth... *September 21<sup>st</sup> 1879*
4. Place of Birth (Street and Number)... *111 W. Gay St.*
5. Full Name of Mother... *Rosa Vicari*
6. Mother's Maiden Name... *Rosa Jackson*
7. Mother's Birthplace... *Baltimore*
8. Full Name of Father... *Nicholas Vicari*
9. Father's Occupation... *Wallpaper Hanger*
10. Father's Birthplace... *Italy*
- Name of Medical Attendant, or other Person who makes this Return... *Ellen Gibbs, 42. Sharp St.*
- Address...
- Remarks...



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

# RETURN OF A BIRTH.

33763

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *African*  
 3. Date of Birth *Sept. 21/79.*  
 4. Place of Birth (Street and Number) *42 Lyon St.*  
 5. Full Name of Mother *Fannie Green*  
 6. Mother's Maiden Name *Drew*  
 7. Mother's Birthplace *Winchester Va.*  
 8. Full Name of Father *John W. Green*  
 9. Father's Occupation *Wailer*  
 10. Father's Birthplace *White Hall, Frederick County Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *W. H. Thompson, M.D.*  
 Address *41 Orchard St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sep. 22. 1879.
4. Place of Birth (Street and Number) 198 George St.
5. Full Name of Mother Elizabeth Gilner.
6. Mother's Maiden Name Gordon
7. Mother's Birthplace Baltimore
8. Full Name of Father Br. Franklin Gilner,
9. Father's Occupation Clerk
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Morgan.
- Address 175 Parrotown St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33765

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP 29 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 22<sup>nd</sup>*
4. Place of Birth (Street and Number) *382 East Chase St.*
5. Full Name of Mother *Mrs. Chas. A. Brown*
6. Mother's Maiden Name *Nannie W. Bonsfield*
7. Mother's Birthplace *Calvert Co Maryland*
8. Full Name of Father *Chas. Henry Brown*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Anne Arundel Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Hunter*
- Address *21 Poppleton St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32766

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 22 September 1894
4. Place of Birth (Street and Number) 19 E. Euter
5. Full Name of Mother Ema Perwitz
6. Mother's Maiden Name Bartholomew
7. Mother's Birthplace N. D.
8. Full Name of Father Gustav Perwitz
9. Father's Occupation Printer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casper
- Address 52 E. Lombard St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 22 September 1874
4. Place of Birth (Street and Number) 278 Ann St
5. Full Name of Mother Caroli Stevens
6. Mother's Maiden Name Reid
7. Mother's Birthplace W D
8. Full Name of Father Robert Stevens
9. Father's Occupation Shipping office
10. Father's Birthplace W D
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Para Casper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33768

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 22, 1879*
4. Place of Birth (Street and Number) *37 N. Broadway*
5. Full Name of Mother *Mary Francis Cunningham*
6. Mother's Maiden Name *Mary Francis Bentley*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *John Percy Cunningham*
9. Father's Occupation *Dentist*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Honck M.D.*
- Address *75 C. Ball. St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *1*
3. Date of Birth *22 September*
4. Place of Birth (Street and Number) *195 South Sharp St.*
5. Full Name of Mother *Mary Wettnes*
6. Mother's Maiden Name *Mary Martin*
7. Mother's Birthplace *in Baltimore*
8. Full Name of Father *Adam Wettnes*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Gabriela Munch*
- Address *No 8 Leadenhall Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33770

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *22<sup>nd</sup>*
4. Place of Birth (Street and Number) *22 Spayloffe street*
5. Full Name of Mother *Augusta Pagel*
6. Mother's Maiden Name *Augusta Linderman*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Charles Pagel*
9. Father's Occupation *soldier*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. H. H. H.*
- Address *8 Laidlaw street*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33771

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

September 22 - 1869

4. Place of Birth, (Street and Number)

10154 McElderry St

5. Full Name of Mother

Evelle P. Cascar

6. Mother's Maiden Name

Evelle P. Helgesdane

7. Mother's Birthplace

Frederick Md

8. Full Name of Father

John H. Cascar

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Mary A. Allavill

Address 286 Mc Donogh St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33772

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 22<sup>nd</sup> 1879

4. Place of Birth (Street and Number)

409 N. Calhoun St

5. Full Name of Mother

Mrs. Adeline D. Hales

6. Mother's Maiden Name

Deal

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Shalmaneyer Hales

9. Father's Occupation

carpenter

10. Father's Birthplace

Somerset Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Address

Wm. W. Murray M.D., Dublin

Remarks

308 W. Fayette St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 5

1. Sex (state whether Male or Female)

girl

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Sept 22/79

4. Place of Birth (Street and Number)

108 Wm St

5. Full Name of Mother

Amelia dossey

6. Mother's Maiden Name

A. Hart

7. Mother's Birthplace

Howard Co

8. Full Name of Father

Frank dossey

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. Scholten Doctor

Address

10 Carlton St

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

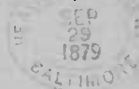


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth September 22 1879
4. Place of Birth (Street and Number) 155 Preston St
5. Full Name of Mother Margaret White
6. Mother's Maiden Name Barber
7. Mother's Birthplace St. Mary's Co. Md.
8. Full Name of Father Edinburgh Miles
9. Father's Occupation Waiter
10. Father's Birthplace St. Mary's Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson
- Address 223 Madison Ave.
- Remarks

# RETURN OF A BIRTH.

33775

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex whether Male or Female female

Color (if not of the white race) colored

Age at Birth 22 Sept

Place of Birth (Street and Number) No 12 Barre St

Name of Mother Laura Fraizier

Mother's Maiden Name Laura Bush

Mother's Birthplace Baltimore

Name of Father Chas Fraizier

Father's Occupation Laborer

Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this return Caroline Mares

Address 112 Hill St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 22<sup>th</sup> September 1879.
4. Place of Birth (Street and Number) 16. Waverly St.
5. Full Name of Mother Margaret Trusty
6. Mother's Maiden Name Margaret Foster
7. Mother's Birthplace Balti. Md.
8. Full Name of Father Wm Trusty
9. Father's Occupation Boyle. Mr. - Cooper Laborer
10. Father's Birthplace Balti. Md.
- Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Mader
- Address 447. E. Baltimore
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

County



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Ninth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 22nd 1879

4. Place of Birth (Street and Number)

Baltimore County

5. Full Name of Mother

Charlotte Sullivan

6. Mother's Maiden Name

Charlotte Grimes

7. Mother's Birthplace

Ches. Town

8. Full Name of Father

John Sullivan

9. Father's Occupation

Stone Cutter

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Sarah Woodson

Address

Ct. Smith St near Sterling

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33778

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept. 23 1879
4. Place of Birth (Street and Number) 227 N. Durham St.
5. Full Name of Mother Julie Henckel
6. Mother's Maiden Name Julie Ritter
7. Mother's Birthplace German
8. Full Name of Father Wilhelm Hencker
9. Father's Occupation Winez Krainer
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 N. Bond St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

29779

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Sept. 23. 1879

4. Place of Birth (Street and Number)

31. Bittelstr 35

5. Full Name of Mother

Margaret Warmholt

6. Mother's Maiden Name

Neckman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Albert Warmholt

9. Father's Occupation

Cigar maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Baupach

Address

31. Wolfstr No 14

Remarks

Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33780

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Rep the 23. 18. 79

4. Place of Birth (Street and Number) No 16. 3. Charlot ave

5. Full Name of Mother Ledy Weekes

6. Mother's Maiden Name Ledy young

7. Mother's Birthplace Moat St Baltimore. Md. d.

8. Full Name of Father Wm. young

9. Father's Occupation Water

10. Father's Birthplace Mullbury. St.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Chen

Address No 94 Tylon St Baltimore. Md. d.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

OCT 9 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*  
 1. Sex (state whether male or female) *female*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *September 23rd 1879*  
 4. Place of Birth (Street and Number) *1480. Summit St*  
 5. Full Name of Mother *Levinna Burkhard*  
 6. Mother's Maiden Name *Baker*  
 7. Mother's Birthplace *Phoenicia, York county*  
 8. Full Name of Father *Frederick Burkhard*  
 9. Father's Occupation *laborer*  
 10. Father's Birthplace *Hartford, Conn.*  
 Name of Medical Attendant, or other Person who makes this Return *Wm. H. D. Butt.*  
 Address *1485. N. E. cor. Central and Monument St.*  
 Remarks *well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 23rd
4. Place of Birth (Street and Number) 23 Rock St
5. Full Name of Mother Mrs. Pauline Schininger
6. Mother's Maiden Name Mrs. Pauline Greder
7. Mother's Birthplace Baltimore
8. Full Name of Father Mr. Herman Schininger
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Kunkler
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over 3378.3

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

Name: John William Fisse

Second

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

Boy

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

1304 White  
23rd of September

3. *Date of Birth*

23rd of September  
ring County, No. 3.

4. *Place of Birth (Street and Number)*

Spring Court, No 3,

5. *Full Name of Mother*

Magarlotte Laymen Häuser

6. *Mother's Maiden Name*

Magarthy

### 7. *Mother's Birthplace*

Marburg, Hessen, Germany

8. *Full Name of Father*

Wilhelm Fisse

### 9. *Father's Occupation*

Porter

### 10. *Father's Birthplace*

Osnabrück Hannover.

Name of Medical Attendant, or other Person who makes this Return.

*Address*

Anne Quanta 66 Schroder

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33784

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23<sup>d</sup> day of September*
4. Place of Birth (Street and Number) *176 Columbia Avenue*
5. Full Name of Mother *Anna B. Randall*
6. Mother's Maiden Name *Anna B. Johnson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm H. Randall*
9. Father's Occupation *Dealer in Botanical Medicines*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. P. Hoffman & Co.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SEP 25 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 23 Sept
4. Place of Birth (Street and Number) Hollen St near Eyster St
5. Full Name of Mother Margaret German
6. Mother's Maiden Name Gulley
7. Mother's Birthplace King's County Ireland
8. Full Name of Father Bernard German
9. Father's Occupation Stone Cutter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Virginia T. Sherman
- Address No 1 Forest Place
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33786

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>  
1. Sex (state whether Male or Female) \_\_\_\_\_  
2. Race or Color (if not of the white race) White  
3. Date of Birth Sept 23<sup>rd</sup> 1879  
4. Place of Birth (Street and Number) Amity & Robson  
5. Full Name of Mother Kate Smith  
6. Mother's Maiden Name Kate Burke  
7. Mother's Birthplace Balto.  
8. Full Name of Father Walter Smith  
9. Father's Occupation Machinist  
10. Father's Birthplace Balto.  
Name of Medical Attendant, or other Person who makes this Return. Edw. J. Nicholls  
Address 279. W. Lombard St  
Remarks \_\_\_\_\_



I hereby certify that any physician, accoucheur, midwife, or other person in charge, who shall deliver, assist in delivering, or attend upon any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33787

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Children*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23 of September 1879*
4. Place of Birth (Street and Number) *No. 151 Hamburg St.*
5. Full Name of Mother *Katharina Bopp*
6. Mother's Maiden Name *Katharina Müller*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Frank Lorenz Bopp*
9. Father's Occupation *Seacatcher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Salomon Grishaber*
- Address *No. 128 West St. Baltimore Md.*
- Remarks

# RETURN OF A BIRTH.

33788

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Children

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

23 of September 1879

4. Place of Birth (Street and Number)

No. 22, Fort St.

5. Full Name of Mother

Mary Neaton

6. Mother's Maiden Name

Mary Chambers

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Neaton

9. Father's Occupation

Engineer

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

Salena Grishaber

Address

No. 128 West St.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33789

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth (Street and Number) \_\_\_\_\_
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33790

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*
1. Sex (state whether ~~male~~ or female) *White*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 23, 1879*
4. Place of Birth (Street and Number) *Barre St. No 63.*
5. Full Name of Mother *Louise Kaufmann.*
6. Mother's Maiden Name *Louise Weisenstein*
7. Mother's Birthplace *Penzance, N. Austria* *Europa*
8. Full Name of Father *Isaac Kaufmann*
9. Father's Occupation *Button hole maker*
10. Father's Birthplace *Munich N. Prussia* *Europa*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Muller*
- Address *N. Dallas St. No 26.*
- Remarks

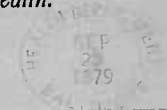


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32791

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 9

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

the 23. of Sep.

4. Place of Birth (Street and Number)

No 10 Sommes St.

5. Full Name of Mother

Mathemina Shultin

6. Mother's Maiden Name

Mathelmina Sutz

7. Mother's Birthplace

Germany

8. Full Name of Father

Frang. Sutz

9. Father's Occupation

Labr

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

6608 Sutter

Remarks

172 Harper em

1524

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 23<sup>rd</sup> 1879*
4. Place of Birth (Street and Number) *127 W. Fayette St*
5. Full Name of Mother *Augusta Dungan*
6. Mother's Maiden Name *Augusta DePuy*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Stephen Dungan*
9. Father's Occupation *Black*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *J. M. Littlejohn*
- Address *1211 W. Howard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33793

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

M

2. Race or Color (if not of the white race)

W

3. Date of Birth

Sept 23rd 1879

4. Place of Birth (Street and Number)

341 Saratoga St

5. Full Name of Mother

Sarah Rebecca Cox

6. Mother's Maiden Name

Akers

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Yeast Manufacturer

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Dr R. Winslow

Address

201 W. Biddle St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33794

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23rd September 1881*
4. Place of Birth (Street and Number) *215 East Baltimore St*
5. Full Name of Mother *Mary Harrison*
6. Mother's Maiden Name *Mary A. Cumberland*
7. Mother's Birthplace *New York*
8. Full Name of Father *Henry Cumberland*
9. Father's Occupation *Police*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. C. Smith*
- Address *111 N. E. Chappel St. Baltimore*
- Remarks *Healthy*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33795

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 / 51
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 23<sup>rd</sup>
4. Place of Birth (Street and Number) 244 Eden St
5. Full Name of Mother Louise Malcher
6. Mother's Maiden Name Louise Mangmann
7. Mother's Birthplace Baltimore County
8. Full Name of Father Thomas C. Wadden
9. Father's Occupation Painter
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Mrs J. Oliver
- Address 286 E. Monument St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Sept. 23<sup>rd</sup>, 1879.*

4. Place of Birth (Street and Number) *14 Horn St.*

5. Full Name of Mother *Ida Price*

6. Mother's Maiden Name *" Hawkins*

7. Mother's Birthplace *Talbot Co.*

8. Full Name of Father *Matthias Price*

9. Father's Occupation *Brick Maker*

10. Father's Birthplace *Talbot County*

Name of Medical Attendant, or other Person who makes this Return. *E. B. Fenby*

Address *319 N. Central Ave.*

Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residency of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33797



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 23<sup>rd</sup> 1871

4. Place of Birth (Street and Number)

No 34 Little Wolfe St

5. Full Name of Mother

Margaret Marion

6. Mother's Maiden Name

Marion

7. Mother's Birthplace

Bugan

8. Full Name of Father

P. J. Marion

9. Father's Occupation

Brick Maker

10. Father's Birthplace

Marion, Tennessee

Name of Medical Attendant,

or other Person who makes this Return.

E. Schmidt

Address

No 218 Tenna Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 24<sup>th</sup> 1877*
4. Place of Birth (Street and Number) *Battery St. No. 253*
5. Full Name of Mother *Lisa Hartman*
6. Mother's Maiden Name *Lisa Mueller*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *William Hartman*
9. Father's Occupation *Salor*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Arthur Bruce*
- Address *No. 114 Battery St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth 32 U. Register St } mistake  
4. Place of Birth (Street and Number) } 24 Sep 1879  
5. Full Name of Mother Anna Martha Bet  
Landrebe  
6. Mother's Maiden Name \_\_\_\_\_  
7. Mother's Birthplace Germany  
8. Full Name of Father Wm Bet  
Unteracher  
9. Father's Occupation \_\_\_\_\_  
10. Father's Birthplace Germany  
Mary Stein  
Name of Medical Attendant, or other Person who make this Return. 151 E Pratt St.  
Address \_\_\_\_\_  
Remarks \_\_\_\_\_

1. For any physician, surgeon, druggist, or other person, who shall report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth September 24, 1878
4. Place of Birth (Street and Number) 201 Lexington St
5. Full Name of Mother Mary Ware
6. Mother's Maiden Name Mary Blum
7. Mother's Birthplace Philadelphia
8. Full Name of Father John Ware
9. Father's Occupation Artist
10. Father's Birthplace Baltimore and
- Name of Medical Attendant, or other Person who makes this Return. Misses Annie Meserich
- Address 164 Penna Av
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

OVER THE YEAR 8-2-79 CERTIFICATE CORRECTED 8-7-79

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

Clara Coligny **BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24th September 1879*
4. Place of Birth (Street and Number) *No. 3 North Church Street*
5. Full Name of Mother *Elizabeth Miller*
6. Mother's Maiden Name *Elizabeth Miller*
7. Mother's Birthplace *Baltimore City, Maryland*
8. Full Name of Father *Walter Egerson*
9. Father's Occupation *Bar Tender*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Katharine Seabark*
- Address *10459 West Pratt Street*
- Remarks

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33509

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth (61)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 20 1879

4. Place of Birth (Street and Number)

35 Chew St.

5. Full Name of Mother

Elizabeth Bogarus

6. Mother's Maiden Name

C. Cork Ireland

7. Mother's Birthplace

Elizabeth C. Cork

8. Full Name of Father

Michael P. Bogarus

9. Father's Occupation

Sugar Boiler

10. Father's Birthplace

C. Cork Ireland

Name of Medical Attendant, or other Person who makes this Return.

Regina A. Winter

Address

198 Stanford Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33803

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
Sept. 24<sup>th</sup> 1879  
282 Bayway St  
Amelia White  
Buckingham  
Baltimore  
John James White  
Mechanic  
Baltimore County  
W. R. McCreary  
382 N. Bayway

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth Sept 24 1879

4. Place of Birth, (Street and Number) 1056 Jefferson St

5. Full Name of Mother Clara E Sweeting

6. Mother's Maiden Name Clara E Stallings

7. Mother's Birthplace Baltimore

8. Full Name of Father William H Sweeting

9. Father's Occupation Fish Dealer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Alwell

Address 286 Mt Donough St

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.  
 1. Sex (state whether male or female) female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Sept. 24, 1879.  
 4. Place of Birth (Street and Number) 1639 N. Center St.  
 5. Full Name of Mother Maria Warner.  
 6. Mother's Maiden Name Blaser.  
 7. Mother's Birthplace Pennsylvania.  
 8. Full Name of Father Geoffrey Warner  
 9. Father's Occupation Shoemaker.  
 10. Father's Birthplace Baltimore.  
 Name of Medical Attendant, or other Person who makes this Return. Wm. M. J. Hunt  
 Address 115 N. E. cor. Central av. & Monument St.  
 Remarks Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2, cd.
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth September 24, 1879.
4. Place of Birth (Street and Number) No. 8. Charles St.
5. Full Name of Mother Brother Foster
6. Mother's Maiden Name " Scott
7. Mother's Birthplace Baltimore
8. Full Name of Father John Foster
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. J. Bull.
- Address No. 185. N. E. cor. Central & Monument St.
- Remarks Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 24<sup>th</sup> 1879

4. Place of Birth (Street and Number)

96 Carey St

5. Full Name of Mother

Jane Barnes

6. Mother's Maiden Name

Jane Williams

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

James Madison Barnes

9. Father's Occupation

Iron Molder

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

B. F. Phillips M.D.

Address

319 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 24<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *625 Light St*
5. Full Name of Mother *Ann C. Campbell*
6. Mother's Maiden Name *Minnie C. Staylor*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Chas M. Campbell*
9. Father's Occupation *Machinist*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 24<sup>th</sup> 1878. 11.30 A.M.*
4. Place of Birth (Street and Number) *80 S. Eutaw St*
5. Full Name of Mother *Mrs Carrie Tuerke*
6. Mother's Maiden Name *Carrie Apple*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Adolph Tuerke*
9. Father's Occupation *Manufacturing of Bags*
10. Father's Birthplace *Lauterburg, Ger*
- Name of Medical Attendant, or other Person who makes this Return. *W. J. Coffroth, M.D.*
- Address *90 S. Sharp St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1  
female  
colored  
Sep 24, 179  
48 St. Al  
Isabella Sampril  
wasfield  
Howard St.  
Emmison Sampril  
Laborer  
res at 63  
Scholot proctor  
no 100 Carlton St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 24/88 258 Battery avenue
4. Place of Birth (Street and Number)
5. Full Name of Mother Mary Jane Winston
6. Mother's Maiden Name Mary Jane Winston
7. Mother's Birthplace Baltimore
8. Full Name of Father Leaff Tucker
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return.
- Address Steen Park
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

32812  
OCT 20 9 1

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex (state whether Male or Female)  
2. Race or Color (if not of the white race)  
3. Date of Birth  
4. Place of Birth (Street and Number)  
5. Full Name of Mother  
6. Mother's Maiden Name  
7. Mother's Birthplace  
8. Full Name of Father  
9. Father's Occupation  
10. Father's Birthplace

1st Child  
Male  
Child  
Sept. 24th 1879.  
Camden Ave.  
Ellen  
do  
Virginia  
Unknown.  
do  
do

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. L. Pratt M.D.  
227 Camden Ave.  
Child Healthy but Illegitimate. The Mother is a Domestic in the family of Mr. E. Camden Ave.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept. 24th 1879

4. Place of Birth (Street and Number)

143 Saratoga Street

5. Full Name of Mother

Anne Weymann

6. Mother's Maiden Name

A. Hafler

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

William Weymann

9. Father's Occupation

Coar. Keeper

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Sophia Mennel

Address

56 Pearl St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24 of September 1879*
4. Place of Birth (Street and Number) *No. 16 Battery Avenue*
5. Full Name of Mother *Margaretta Lyre*
6. Mother's Maiden Name *Margaretta Casside*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *James Doyle Doyle*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Salina Grishaker*
- Address *No. 128 West St.*
- Remarks

SEP  
30  
1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33875

SEP 30 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sep. 24<sup>th</sup> 79*

4. Place of Birth (Street and Number) *No. 20 Redfern St.*

5. Full Name of Mother *Lilly B. Ritten*

6. Mother's Maiden Name *Lilly B. Mann*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Ferdinand Ritten*

9. Father's Occupation *Cigar Maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *J. Tyler Smith*

Address *231 Barre St*

Remarks *"all right"*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup> Child.

1. Sex (state whether Male or Female) a Female.

2. Race or Color (if not of the white race) White

3. Date of Birth 24<sup>th</sup> of September

4. Place of Birth (Street and Number) St. Alphonsus Cemetery

5. Full Name of Mother Francis Kernig

6. Mother's Maiden Name Frances Fischer

7. Mother's Birthplace Baltimore

8. Full Name of Father John Kernig

9. Father's Occupation Sectioner of St. Alphonsus Cemetery

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dorothea Kernig

Address 472 Chase St. betw. Wolf and Washington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*

1. Sex (state whether ~~male~~ or female) *White*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September the 24, 1879*
4. Place of Birth (Street and Number) *N. Wolfe St. No 30.*
5. Full Name of Mother *Maggie Himmelmann*
6. Mother's Maiden Name *Maggie Gaff*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Henry Himmelmann*
9. Father's Occupation *Shoe maker*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Müller*

Address *N Dallas St. No 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

33517  
1st  
White  
Sept 21st 1879  
77 East Howard St  
Katie Brighton  
Katie Bennett  
Hagerstown  
K Brighton  
Driller  
Baltimore  
J. H. Bennett  
171 W. - - - - -



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 24th 1879
4. Place of Birth (Street and Number) N. 411 Penna Ave
5. Full Name of Mother Delia McAllister
6. Mother's Maiden Name Delia Kersch
7. Mother's Birthplace Baltimore
8. Full Name of Father William McAllister
9. Father's Occupation Plumber & Gasfitter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. Schmitt
- Address N. 411 Penna Ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or midwife at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

33820

*To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 24th September, 1920, A.M.

4. Place of Birth (Street and Number) 73 S. Gelson St.

5. Full Name of Mother *Cinema Nicholson*

6. Mother's Maiden Name Thornelle

7. Mother's Birthplace Calif.

8. Full Name of Father Frank E. Richardson

9. Father's Occupation Self-employed

10. Father's Birthplace .....

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Address 1506 Columbus Ave.

Remarks *Under the physical case shown*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Boys*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 25<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Alice Adams St*
5. Full Name of Mother *M. A. McElwain*
6. Mother's Maiden Name *M. W. McElwain*
7. Mother's Birthplace *Balto*
8. Full Name of Father *J. W. McElwain*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Quinn*
- Address *1712 Washington St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33122

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether male or female) *girl*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *# 15 S Dungan Alley*  
 4. Place of Birth (Street and Number) *Sept 25 1879*  
 5. Full Name of Mother *M. E. Reiter Mitchell*  
 6. Mother's Maiden Name *Mary Eliz. Reiter*  
 7. Mother's Birthplace *Balto Co.*  
 8. Full Name of Father *Wm H Mitchell*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Balto Co.*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E Simms*  
 Address *# 171 S. Washington St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 d.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *W*

3. Date of Birth *September 25<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *East Pr. No 61*

5. Full Name of Mother *Maggie Galloway*

6. Mother's Maiden Name *Maggie Wolf*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Samuel Galloway*

9. Father's Occupation

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Dorothea Buss*

Address *No 114 Battery St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

Name of Child: Henry Nelson Kitman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



33134

(over)

2

male

white

September 25 1879

53 Cathedral Street

Susan R. Kitman

Smyth

Baltimore City

Henry Kitman

Printer

Annapolis Md.

Marbury Brewer MD

68 W. Calhoun Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First born*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *September 25th 11-25-P.M.*
4. Place of Birth (Street and Number) *225 Saratoga St*
5. Full Name of Mother *Matilda Francis Lutz*
6. Mother's Maiden Name *Matilda Francis Russell*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Lutz*
9. Father's Occupation *Cigar Packer*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Hunter*
- Address *21 N. Poppleton St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

33526  
OCT 3 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*

1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 25<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *10 Harrison str.*
5. Full Name of Mother *Charlotte Harris*
6. Mother's Maiden Name *" Schott*
7. Mother's Birthplace *Europe*
8. Full Name of Father *Merdant Harris*
9. Father's Occupation *Store-keeper*
10. Father's Birthplace *Russia*

Name of Medical Attendant, or other Person who makes this return

Address *Mrs. C. Bernstein*  
*113 E. Lombard str.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth. Sept. 25 1879  
4. Place of Birth (Street and Number) 37 S. High St.  
5. Full Name of Mother Salie Corbit  
6. Mother's Maiden Name Salie Bierker  
7. Mother's Birthplace Ma  
8. Full Name of Father James B. Corbit  
9. Father's Occupation Cigar maker  
10. Father's Birthplace N. Jersey  
Name of Medical Attendant, or other Person who makes this Return. Abraham A. Howard M.D.  
Address \_\_\_\_\_  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept 25th 1879 348 Hartford Ave

4. Place of Birth (Street and Number)

348 Hartford Ave

5. Full Name of Mother

Annie Watts

6. Mother's Maiden Name

O'Connor

7. Mother's Birthplace

Ireland

8. Full Name of Father

James Watts

9. Father's Occupation

Common house Officer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. B. Billingslee

Address

Hartford Ave Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept. 25th*

4. Place of Birth (Street and Number) *39 Mulberry St.*

5. Full Name of Mother *Anna Snyder*

6. Mother's Maiden Name *Anna Furkner*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Abner Shinn*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Furkner*

Address *No. 2. Cathedral St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

335.20



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 25th 1879

4. Place of Birth (Street and Number)

119 Mullikin str

5. Full Name of Mother

Emma Growly

6. Mother's Maiden Name

"

Doyle

7. Mother's Birthplace

Ireland

8. Full Name of Father

Brown, W. Growly

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth B. B.

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3d  
Male  
Sept 25th 1879  
No 119 Eastern Ave  
Helena Seifert  
Friederich

Franz Seifert  
Grocer

Germany

Germany

Mrs Elizabeth Betz  
245 Canton Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

6<sup>th</sup>

Female

White

September 25<sup>th</sup> 1879

62 Henrietta St.,  
Sarah Moon

Ridgely

England

Sam'l Moore

Glass Blower

England

R. C. Lee

Hanover Barr Sts



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth September 25-1877
4. Place of Birth, (Street and Number) No. 30 Hillman St-
5. Full Name of Mother Emma Thistle
6. Mother's Maiden Name Emma Elliott
7. Mother's Birthplace Baltimore
8. Full Name of Father John W. Thistle
9. Father's Occupation clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary C. Adair
- Address 216 E. Donogh St
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 25<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 216 Harrison St
5. Full Name of Mother Anna Brooks
6. Mother's Maiden Name Anna Hall
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Brooks
9. Father's Occupation Traveller
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. August A. Richmond
- Address 1183 Pine St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *25<sup>th</sup> of September*
4. Place of Birth (Street and Number) *34 Mulberry Street*
5. Full Name of Mother *M. M. Schuch*
6. Mother's Maiden Name *M. M. Born*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *W. Schuch*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Pamela C. Schuch*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 25, 1879
4. Place of Birth, (Street and Number) 350 Canton Ave.
5. Full Name of Mother Martha E. Rutger
6. Mother's Maiden Name Martha E. Richards
7. Mother's Birthplace South Wales.
8. Full Name of Father Charles Rutger
9. Father's Occupation Seaman
10. Father's Birthplace Wenstersborg Sweden.
- Name of Medical Attendant, or other Person who makes this Return. A. V. Goswiler, M.D.
- Address 254 Eastern Ave.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33937

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

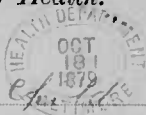
SEP  
OCT  
2  
79

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 25. 1879.
4. Place of Birth, (Street and Number) 250. Canton Ave.
5. Full Name of Mother Martha E. Rutger
6. Mother's Maiden Name Martha E. Richards
7. Mother's Birthplace South Wales.
8. Full Name of Father Charles Rutger
9. Father's Occupation Seaman
10. Father's Birthplace Wenersborg Sweden.
- Name of Medical Attendant, or other Person who makes this Return. A. V. Gouweiler, M.D.
- Address 254. Eastern Ave.
- Remarks Mrs Martha E. Rutgers  
2<sup>nd</sup> & 3<sup>rd</sup> children were twin and doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child  
1. Sex (state whether male or female) male  
2. Race or Color (if not of the white race) colored  
3. Date of Birth September 25  
4. Place of Birth (Street and Number) 139 Hill St  
5. Full Name of Mother Elen Smith  
6. Mother's Maiden Name Elen Back  
7. Mother's Birthplace acamaef va  
8. Full Name of Father Edward Smith  
9. Father's Occupation labourer  
10. Father's Birthplace acamaef virginia  
Name of Medical Attendant, or other Person who makes this Return. Mrs Lydia Porter  
Address no 4 patpiscoar  
Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33839  
HEALTH DEPARTMENT  
SEP 30 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5.

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

white.

3. Date of Birth

25 Sept. 1879.

4. Place of Birth (Street and Number)

Canton O'Connell St.

5. Full Name of Mother

Veronica Adam

6. Mother's Maiden Name

Dress.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Carl Adam

9. Father's Occupation

Restaurateur.

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this Return.

Anna Rimmer.

Address

O'Connell St. 21.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 25<sup>th</sup> 1879

4. Place of Birth (Street and Number)

490 Light St

5. Full Name of Mother

Catharine Joyce

6. Mother's Maiden Name

Catharine Reber

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Charles Joyce

9. Father's Occupation

Brick Maker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cooke M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th Child

1. Sex (state whether male or female)

Boys

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 25

4. Place of Birth (Street and Number)

No 277 S. Dallas St

5. Full Name of Mother

Henriette Angebricht

6. Mother's Maiden Name

Henriette Blume

7. Mother's Birthplace

Deutschland

8. Full Name of Father

Georg Angebricht

9. Father's Occupation

Schuhmacher

10. Father's Birthplace

Deutschland

Name of Medical Attendant, or other Person who makes this Return.

Friederike Kraußmann

Address No 197 S. Dallas St

Remarks

Blume

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33842

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *26<sup>th</sup> of September*
4. Place of Birth (Street and Number) *7 Federal St.*
5. Full Name of Mother *Sarah Esther C. Halle.*
6. Mother's Maiden Name *Crosby.*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Robert Crosby.*
9. Father's Occupation *Conductor.*
10. Father's Birthplace *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return. *Charles Crosby*
- Address *369 Cathedral St.*
- Remarks

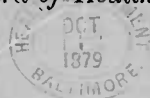




That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *26 September 1874*
4. Place of Birth (Street and Number) *164 E. Dexter St*
5. Full Name of Mother *Mrs. M. C. Bladen*
6. Mother's Maiden Name *Meils*
7. Mother's Birthplace *M. D.*
8. Full Name of Father *Patrick M. Bladen*
9. Father's Occupation *Plumber*
10. Father's Birthplace *M. D.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Anna Casper*
- Address *52 E. Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33844  
OCT 2 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Sept 26 1879  
 4. Place of Birth (Street and Number) 18 Hollins St  
 5. Full Name of Mother Bettie Kleinerman  
 6. Mother's Maiden Name Bettie Sonnenborn  
 7. Mother's Birthplace Germany  
 8. Full Name of Father Marcus Kleinerman  
 9. Father's Occupation Cigar Manufacturer  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Abraham Arnold M.D.  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Sept 26 1879  
 4. Place of Birth (Street and Number) Cor. Baltimore & Poppleton Sts  
 5. Full Name of Mother Caroline Reinhard  
 6. Mother's Maiden Name Caroline Schwaab  
 7. Mother's Birthplace Germany  
 8. Full Name of Father Solomon E Reinhard  
 9. Father's Occupation Grocer  
 10. Father's Birthplace Balt - city  
 Name of Medical Attendant, or other Person who makes this Return. Abram M. Alford M.D.  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 26, 1879*
4. Place of Birth (Street and Number) *215 E. Fayette St.*
5. Full Name of Mother *Shelley Alice Stewart*
6. Mother's Maiden Name *Shelley Alice Messing*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *William Henry Stewart*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *D. K. Harkins M.D.*
- Address *75 E. Baltimore St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

338117  
9<sup>th</sup>  
Female  
White  
September 26, 1879  
1641 N. E. St. 8<sup>th</sup>  
Emma Louisa McLaughlin  
Emma Louisa Mills  
Maryland  
Patrick McLaughlin  
Plumber & Gas Fitter  
Ireland  
J. W. Henck, M.D.  
75 E. Baltimore St.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White race
3. Date of Birth September 26th
4. Place of Birth (Street and Number) 1600 and 16th
5. Full Name of Mother Katherine Finner
6. Mother's Maiden Name " King
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Lewis Finner
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. C. C. C.
- Address 4 S. Hollands Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

338119

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Sept 24<sup>th</sup> 79  
 4. Place of Birth (Street and Number) 127 Baltimore  
 5. Full Name of Mother Mary Miller  
 6. Mother's Maiden Name "  
 7. Mother's Birthplace German  
 8. Full Name of Father John W. Miller  
 9. Father's Occupation machinist  
 10. Father's Birthplace German  
 Name of Medical Attendant, or other Person who makes this Return. J. G. Howarth M.D.  
 Address 203 W. Lombard  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Sept. 26 d. 1879
4. Place of Birth (Street and Number) 731 N. Bond St.
5. Full Name of Mother Anna Barbara Schmidt
6. Mother's Maiden Name A. B. Tiller
7. Mother's Birthplace German
8. Full Name of Father Christopher Schmidt
9. Father's Occupation Barber
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Radtger
- Address 134 N. Bond St.
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33851

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th  
1879  
BALTIMORE  
HEALTH DEPARTMENT

1. Sex (state whether male or female)

In Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept 26th 1879

4. Place of Birth, (Street and Number)

56 Sharp St

5. Full Name of Mother

Catherine M. Gill

6. Mother's Maiden Name

Hunichew

7. Mother's Birthplace

Maryland

8. Full Name of Father

Chas M. Gill

9. Father's Occupation

D. D. S.

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this return.

R. C. Lee

Address

Hanover Barr St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 26<sup>th</sup> 1879

4. Place of Birth (Street and Number)

18 S<sup>th</sup> Exeter str

5. Full Name of Mother

Bessie Regel

6. Mother's Maiden Name

" Wlar

7. Mother's Birthplace

City

8. Full Name of Father

Fredrich Regel

9. Father's Occupation

Clerk

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

OCT  
9  
1879

- |   |  |
|---|--|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)          | 5th.   |
| 1. Sex (state whether male or female)                             | Male   |
| 2. Race or Color (if not of the white race)                       | <del>Black</del> <del>Colored</del> <del>2d.</del> |
| 3. Date of Birth  | September 26th. 1877.                              |
| 4. Place of Birth (Street and Number)                             | No. 119, Thining St.                               |
| 5. Full Name of Mother  | Lizah Carter                                       |
| 6. Mother's Maiden Name   | Lizah Delasha                                      |
| 7. Mother's Birthplace  | Baltimore  |
| 8. Full Name of Father  | John Child.  |
| 9. Father's Occupation  | Carver   |
| 10. Father's Birthplace   | Baltimore  |
| Name of Medical Attendant, or other Person who makes this Return. | Wm. H. S. Bull.                                    |
| Address   | No. 185. O.E. av. Central rd. & Monument. St.      |
| Remarks   | Well   |

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *26 of Sept*

4. Place of Birth (Street and Number) *No 6 Jefferson St Court*

5. Full Name of Mother *Henrietta Hollis*

6. Mother's Maiden Name *Henrietta Hollis*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *+*

9. Father's Occupation *+*

10. Father's Birthplace *+*

Name of Medical Attendant, or other Person who makes this Return. *Harriet Jackson.*

Address

Remarks

*Harriet Jackson 51 Chestnut St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Three*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Friday September 26 1879*
4. Place of Birth (Street and Number) *Baltimore Street Nat. No 438*
5. Full Name of Mother *Bernadene Hummel*
6. Mother's Maiden Name *Bernadene Trufelman*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Anthony John Hummel*
9. Father's Occupation *Boxer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Dunsen*
- Address *No 60 N. Schroeder Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

Born 26 September

4. Place of Birth (Street and Number)

Baltimore No 77 Montgomery

5. Full Name of Mother

Agnes Babson

6. Mother's Maiden Name

" Lind

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles H Lind

9. Father's Occupation

Superior

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Ameline Wilson

Address

No 384 Hancock St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

20th 3  
Female  
White  
26th Sep. 1879.  
36 W. Carver St.  
Maryana Courtney  
Maryana Hatten  
Baltimore City  
John Courtney  
Shoe Shop  
Baltimore City  
Law Wallis  
125 W. Baltimore St.  
Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Boys*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *26 Sep.*

4. Place of Birth (Street and Number) *93 Enoch St.*

5. Full Name of Mother *Josephine Ellis*

6. Mother's Maiden Name *" Polz.*

7. Mother's Birthplace *Balte.*

8. Full Name of Father *Will Ellis*

9. Father's Occupation *Clark*

10. Father's Birthplace *Balte*

Name of Medical Attendant, or other Person who makes this Return. *J. L. Larrabee*

Address *22a Burner St.*

Remarks

33355  
SEP 30 1879

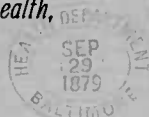


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33557

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-12
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 26 11
4. Place of Birth (Street and Number) 5-188 W. Pratt St
5. Full Name of Mother Maggie Horne
6. Mother's Maiden Name Holland
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Horne
9. Father's Occupation Calver
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Dr. Harry Thompson
- Address 13 112 Scott Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the resident name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 11 11*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *26 of September 1882*
4. Place of Birth (Street and Number) *St. North Carroll Street*
5. Full Name of Mother *Annie Mary Pope*
6. Mother's Maiden Name *Annie Mary Headrick*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Samuel Brown Headrick*
9. Father's Occupation *Engel*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. William H. H. H.*
- Address *11 North Carroll Street, Baltimore*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

23561

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White.
3. Date of Birth September 26th, 5:40 A.M.
4. Place of Birth (Street and Number) 80 S. Cary St.
5. Full Name of Mother Louise Grisell
6. Mother's Maiden Name Terrie
7. Mother's Birthplace York County, Pennsylvania
8. Full Name of Father George Grisell
9. Father's Occupation Salesman
10. Father's Birthplace Massachusetts
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. D. Howard
- Address 156 Columbia Avenue
- Remarks Child in good physical condition, & strong

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *27th of September*

4. Place of Birth (Street and Number) *18 Hudson Alley*

5. Full Name of Mother *Mary Curran*

6. Mother's Maiden Name *Polman*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Edward Curran*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby*

Address *317 Cathedral St.*

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 27<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 20 Leaden St
5. Full Name of Mother Sabina Lohmeyer
6. Mother's Maiden Name Steiner
7. Mother's Birthplace Balt City
8. Full Name of Father Jacob H Lohmeyer
9. Father's Occupation Restaurateur
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. H. G. G. G.
- Address 76 St. Paul St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

338611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Sept 27<sup>th</sup> 1879

4. Place of Birth, (Street and Number)

488 W Lombard St

5. Full Name of Mother

Laura V Litzinger

6. Mother's Maiden Name

Wright

7. Mother's Birthplace

Balts city

8. Full Name of Father

John Ed Litzinger

9. Father's Occupation

Mechanic

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J H Gurney

Address

76 E Green St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 27<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 596 Leconway St
5. Full Name of Mother Rosa J Reinhardt
6. Mother's Maiden Name Southerland
7. Mother's Birthplace Harker's Ferry Va
8. Full Name of Father David W Reinhardt
9. Father's Occupation grocer
10. Father's Birthplace Fried Co Md
- Name of Medical Attendant, or other Person who makes this Return. J. H. Horney & Co
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27 Septem. 1879*
4. Place of Birth (Street and Number) *No 10 Pratt Street*
5. Full Name of Mother *Mrs. Helmane*
6. Mother's Maiden Name *Mrs. Helmane*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John French*
9. Father's Occupation *Black Smith*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Seabark*
- Address *No 409 West Pratt Street*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup>*  
 1. Sex (state whether male or female) *male*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *Oct. Sept 27<sup>th</sup> 79*  
 4. Place of Birth (Street and Number) *Charles St 307.*  
 5. Full Name of Mother *Magdalena Gundlach*  
 6. Mother's Maiden Name *Wentz*  
 7. Mother's Birthplace *Bararia*  
 8. Full Name of Father *Fred Gundlach*  
 9. Father's Occupation *Glass Blower*  
 10. Father's Birthplace *Prussia*  
 Name of Medical Attendant, or other Person who makes this Return. *Mary Kirch*  
 Address *328 F. Eutaw St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 27th 1879*

4. Place of Birth (Street and Number) *No 7 Willow St*

5. Full Name of Mother *Louisa Grityan*

6. Mother's Maiden Name *" Ambrosio*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Henry H. Grityan*

9. Father's Occupation *Sailor*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Megina A. Williams*

Address *178 Hazard Ave*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *3d*
1. Sex (state whether Male or Female)... *Female*
2. Race or Color (if not of the white race)...
3. Date of Birth... *Sept 27th 1879*
4. Place of Birth (Street and Number)... *No 9 Donohue alley*
5. Full Name of Mother... *Theresa Sander*
6. Mother's Maiden Name... *" Pansch*
7. Mother's Birthplace... *Germany*
8. Full Name of Father... *Edward Sander*
9. Father's Occupation... *Laborer*
10. Father's Birthplace... *Germany*
- Name of Medical Attendant, or other Person who makes this Return.... *Mrs Elizabeth Belz*
- Address... *2245 Canton Ave*
- Remarks...

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ninth.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *September 27<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *193 Pierce Street.*
5. Full Name of Mother *Catherine Mayers.*
6. Mother's Maiden Name *Catherine Lober.*
7. Mother's Birthplace *Wurtemberg*
8. Full Name of Father *Charles H. Mayers.*
9. Father's Occupation *Wachinist.*
10. Father's Birthplace *Wurtemberg.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Gerstenberges.*
- Address *No 14 Penn Street.*
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33871

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 27th
4. Place of Birth (Street and Number) 204 E. Broadway
5. Full Name of Mother Anna Whitehill
6. Mother's Maiden Name Larah Eichenbren
7. Mother's Birthplace Wade Darmstadt
8. Full Name of Father Isaac Whitehill
9. Father's Occupation Merchant
10. Father's Birthplace Bavaria
- Name of Medical Attendant, or other Person who makes this Return. J. J. Smith
- Address 47. S. Light St.
- Remarks

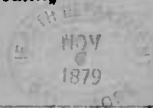
rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar accordingly, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33572

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 27 of September 1879
4. Place of Birth (Street and Number) Cross St near Light St Balt.
5. Full Name of Mother Elizabeth Carlile
6. Mother's Maiden Name Elizabeth Meredith
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Joe Carlile
9. Father's Occupation Co. Company
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs M. R. Caskey
- Address 134 Hamburg St
- Remarks Doing Well

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33873  
OCT 9 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 27. 1879
4. Place of Birth (Street and Number) Bell air road cross of Bowers Smith
5. Full Name of Mother Sophia. Humphreys
6. Mother's Maiden Name " Docket.
7. Mother's Birthplace Germantown.
8. Full Name of Father John Humphreys
9. Father's Occupation Brewer.
10. Father's Birthplace Barton Germantown.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull.
- Address No. 185. The corner Central av. & Monument St.
- Remarks X Sickly.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

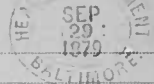
# RETURN OF A BIRTH.

338711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Sept 29 1879



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 27 1879

4. Place of Birth (Street and Number) 333 Eastern Ave

5. Full Name of Mother Helen Scheiber

6. Mother's Maiden Name Helen Ester

7. Mother's Birthplace Germany

8. Full Name of Father German Scheiber

9. Father's Occupation Barber

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Muehl

Address No. 137 North St.

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *27<sup>th</sup> Sept 1879.*  
 4. Place of Birth (Street and Number) *Balto County.*  
 5. Full Name of Mother *Lizzie Hoffman.*  
 6. Mother's Maiden Name *Lizzie Culhart.*  
 7. Mother's Birthplace *Balto County.*  
 8. Full Name of Father *George George Hoffman*  
 9. Father's Occupation *Engineer on the Rail*  
 10. Father's Birthplace *Balto County.*  
 Name of Medical Attendant, or other Person who makes this Return. *Mary Weller*  
 Address *1251 W. Caroline St.*  
 Remarks *Balto City*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33576

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup> - Ella Catherine Buscher  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Sept 27<sup>th</sup> 1879  
 4. Place of Birth, (Street and Number) 59 Gough St.  
 5. Full Name of Mother Katherine Buscher  
 6. Mother's Maiden Name " " " Hollohan  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Edward Buscher  
 9. Father's Occupation Clerk  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Louise Kraft  
 Address 236 Canton ave.  
 Remarks Given name added by mother upon applying for a transcript  
Mrs Bridget C. Mc Bride Birth Index Clerk  
Mother Feb. 28-1929.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

33877

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup> Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept. 27, 1879*

4. Place of Birth (Street and Number) *5 E. Pratt St.*

5. Full Name of Mother *Mary E. Baker*

6. Mother's Maiden Name *Mary E. Albert*

7. Mother's Birthplace *Balt.*

8. Full Name of Father *J. C. Baker*

9. Father's Occupation *Baker*

10. Father's Birthplace *Balt.*

Name of Medical Attendant, or other Person who makes this Return. *J. D. Powell M.D.*

Address *225 Cooper St. N.*

Remarks *Child Healthy*

*Birth Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33878

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

187  
Male  
White  
Sep 27  
No 48 Valley  
Bridge Fitzpatrick  
Ireland  
Hugh Fitzpatrick  
Stone Rubber  
Baltimore Co

SEP  
30  
1879

Wm W Bridge M.D.

*Correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *27 Sept 1879*

4. Place of Birth (Street and Number) *Spring St No. 13*

5. Full Name of Mother *Wilhelmine Christina Hellmier*

6. Mother's Maiden Name *König*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Christian Hellmier*

9. Father's Occupation *Tailor*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Sophia Simon*

Address *2470 E. 1st St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32850

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 24
4. Place of Birth (Street and Number) Granby St 124
5. Full Name of Mother Matilda Engel
6. Mother's Maiden Name Stien
7. Mother's Birthplace Baltimore
8. Full Name of Father Julius Engel
9. Father's Occupation Salesman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophie Simon
- Address 1070 Granby St
- Remarks

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *26 September 1878*
4. Place of Birth (Street and Number) *No 126 Granby St*
5. Full Name of Mother *Theresa Doty*
6. Mother's Maiden Name *Hobbe*
7. Mother's Birthplace *Germans*
8. Full Name of Father *Charles Doty*
9. Father's Occupation *Printer*
10. Father's Birthplace *Germans*
- Name of Medical Attendant, or other Person who makes this Return. *Sophia Simon*
- Address *No 70 Granby St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*
1. Sex (state whether male or female) *Mädchen*
2. Race or Color (if not of the white race) *Weiss*
3. Date of Birth *geboren den 27. September*
4. Place of Birth (Street and Number) *N<sup>o</sup> 196 Canton Str*
5. Full Name of Mother *Chlothrine Ortel*
6. Mother's Maiden Name *Chlothrine Länger*
7. Mother's Birthplace *Deutschland*
8. Full Name of Father *Heinrich Ortel*
9. Father's Occupation *Handarbeiter*
10. Father's Birthplace *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address *N<sup>o</sup> 194 S. Doulas Str*
- Remarks *Heimlich*



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept: 27th 1879

4. Place of Birth (Street and Number)

177 Madale Street

5. Full Name of Mother

Mary Elizabeth Hohman

6. Mother's Maiden Name

Mary Elizabeth Ostendorf

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John A. Hohman

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

H. B. Milbourn

Address

146 Park Avenue

Remarks

Enacted Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33554

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 24<sup>th</sup>

4. Place of Birth (Street and Number) 12 88 Ryan Street

5. Full Name of Mother Mary Corrigan

6. Mother's Maiden Name Mary Ryan

7. Mother's Birthplace Ireland

8. Full Name of Father John Corrigan

9. Father's Occupation Shoulder

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Corrigan

Address 112 South St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 27 1879*
4. Place of Birth (Street and Number) *110 Lexington st City*
5. Full Name of Mother *Jane Foster*
6. Mother's Maiden Name *" McKean*
7. Mother's Birthplace *City*
8. Full Name of Father *Thos Evans Foster*
9. Father's Occupation *Plumber*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Jane Guy*
- Address *113 Holland st*
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 27th*
4. Place of Birth (Street and Number) *No. 83 Columbia St.*
5. Full Name of Mother *Christina Pfeffer*
6. Mother's Maiden Name *Christina Ermold*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *August Pfeffer*
9. Father's Occupation *Cabinet maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Schlifer*
- Address *33 S. Howard St.*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33557



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No 9*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *The 20 of Sep*  
 4. Place of Birth (Street and Number) *No 212 E. W. St*  
 5. Full Name of Mother *Friedricha Dander*  
 6. Mother's Maiden Name *Friedricha Eigi*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *John John E. E. E.*  
 9. Father's Occupation *Sold*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return  
 Address *Mrs. Dander*  
 Remarks *177 Harbor View*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *27<sup>th</sup> Sept*
4. Place of Birth (Street and Number) *Hughes St No. 258*
5. Full Name of Mother *Lida Carter*
6. Mother's Maiden Name *Do - - -*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Mrs. Goodwin*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Chester Town Md*
- Name of Medical Attendant, or other Person who makes this return *Sarah J. Wilson*
- Address
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) W.
3. Date of Birth September 28<sup>th</sup> 1879.
4. Place of Birth (Street and Number) Johnson Street 1713.
5. Full Name of Mother Maggie Roberts.
6. Mother's Maiden Name Melanie Elliott.
7. Mother's Birthplace Balto Md.
8. Full Name of Father John Roberts
9. Father's Occupation
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. B. B. B.
- Address 105 114 Baltimore
- Remarks

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33890

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth September 28<sup>th</sup> 1879

4. Place of Birth (Street and Number) Aisquiths Near Gay

5. Full Name of Mother Elinora Wilkie

6. Mother's Maiden Name Brown

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Thomas J Wilkie

9. Father's Occupation Icecream & Oyster Saloon

10. Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this return J. Ridgway Andrews MD

Address 121 E of Balto

Remarks \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report in the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *28 Sep. 1879*

4. Place of Birth (Street and Number) *East Granby St. 130*

5. Full Name of Mother *Anna Knoche*

6. Mother's Maiden Name *Wittich*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Fredrich Knoche*

9. Father's Occupation *Bailiff*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary Stein*

Address *1516 Pratt St.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33892



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September 26<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *Clinton St. Canton Md.*

5. Full Name of Mother *Ellen Jane Smart*

6. Mother's Maiden Name *Ellen Jane Endee*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Henry Thomas Smart*

9. Father's Occupation *Distiller*

10. Father's Birthplace *England*

Name of Medical Attendant, or other Person who makes this Return. *H. T. Smart for Elizabeth H. Knight*

Address *Canton Baltimore County*

Remarks

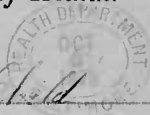
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 28 - th 1819*
4. Place of Birth (Street and Number) *1239 Hanover st.*
5. Full Name of Mother *Lamora Hintersch*
6. Mother's Maiden Name *Fisher*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Christian Hintersch*
9. Father's Occupation *Machinist*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwaner midwife*
- Address *330 Hanover st.*
- Remarks

23893



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

338914



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Sept 28<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *46 S Broadway*
5. Full Name of Mother *Rose Schmidt*
6. Mother's Maiden Name *Fusch*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Levi Schmidt*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Batz*
- Address *245 Canal Ave*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 28<sup>th</sup> 1879

4. Place of Birth (Street and Number)

326 S<sup>th</sup> Bond St

5. Full Name of Mother

Auguste<sup>ne</sup> Mess

6. Mother's Maiden Name

" Streib

7. Mother's Birthplace

City

8. Full Name of Father

George Mess

9. Father's Occupation

chemist

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38896

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 28th

4. Place of Birth (Street and Number) 57 Scott St

5. Full Name of Mother Eliza Jane Cromwell

6. Mother's Maiden Name Hood

7. Mother's Birthplace Baltimore

8. Full Name of Father Samuel Cromwell

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. W. Weber M.D.

Address 320 W. Lombard St.

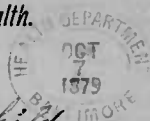
Remarks Alive and doing well though considerably below average weight.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup> child

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 28<sup>th</sup>

4. Place of Birth (Street and Number)

Balta Hull St. No 8

5. Full Name of Mother

Martha Ann Cymon

6. Mother's Maiden Name

Martha A. Taylor

7. Mother's Birthplace

Harford County

8. Full Name of Father

William Henry Cymon

9. Father's Occupation

Carpenter

10. Father's Birthplace

Harford County

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Cattel

Address

Cuba St. Loucast Point

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) Col'd
3. Date of Birth 28 Sept
4. Place of Birth (Street and Number) No. 212 S. Sharp St.
5. Full Name of Mother Josephine Gaskins
6. Mother's Maiden Name Josephine Wells
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Walter W. Gaskins
9. Father's Occupation Truck driver
10. Father's Birthplace Lancaster Co. Pa.
- Name of Medical Attendant, or other Person who makes this Return. Milley Grass
- Address 181 York Street
- Remarks

207  
1879



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 *Epile*  
 1. Sex (state whether Male or Female) *Female* *chile*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth 28 *September*  
 4. Place of Birth (Street and Number) 72 Church St *Baltimore, M.D.*  
 5. Full Name of Mother Ida ~~James~~ *green*  
 6. Mother's Maiden Name Ida Jones  
 7. Mother's Birthplace Idaho *Will M. D.*  
 8. Full Name of Father George *green*  
 9. Father's Occupation Working in *woolener factory*  
 10. Father's Birthplace North *California*  
 Name of Medical Attendant, or other Person who makes this Return. Head of *medical*  
 Address Nancy *Logg-22. Winters St*  
 Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, before the birth, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

33900

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33901

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Nov. 28<sup>th</sup> 1915
4. Place of Birth, (Street and Number) Baltimore Hamburg St 209
5. Full Name of Mother Emma Backet
6. Mother's Maiden Name Wasserman
7. Mother's Birthplace Baltimore
8. Full Name of Father George Backet
9. Father's Occupation Scholar
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson
- Address 294 Hamburg St
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33902

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 28th 1879*
4. Place of Birth (Street and Number) *130 E. Fayette st.*
5. Full Name of Mother *Maggie Morrow*
6. Mother's Maiden Name *Maggie Ladden*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Wm H. Morrow*
9. Father's Occupation *Picture & Furniture business*
10. Father's Birthplace *Balt Md.*
- Name of Medical Attendant, or other Person who makes this Return. *John H. Connor*
- Address *14 Arisquith st.*
- Remarks *none*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

33903  
9. ninth  
male  
white  
Sept 28<sup>th</sup> 1879  
Germany Wamerschar Halle  
Lorisa Krieb  
L. Lulshiek  
Saver Germany  
Michael Krieb  
Holl keeper  
Hessen Germany  
Sophia Meusel  
56 Pearl St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Name: *John House (Haus)*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Sept 28th 1879*

4. Place of Birth (Street and Number) *Carroll St.*

5. Full Name of Mother *Margaretha Haus (Haus)*

6. Mother's Maiden Name *M. Scheuermann Ackerman*

7. Mother's Birthplace *Hessen Germany*

8. Full Name of Father *Michael (Haus) Haus*

9. Father's Occupation *Doorkeeper*

10. Father's Birthplace *Bavarian*

Name of Medical Attendant, or other Person who makes this Return.

Address *Sophia Wenzel*

Remarks *56 Carl St.*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*white*  
*Sept 28<sup>th</sup> 1879*  
*57. N. Amity*  
*Kate Lucrency Sheran*  
*Kate Lucrency*  
*Ireland*  
*Mathew Sheran*  
*Driver*  
*Ireland*  
*Edw. J. McKeown*  
*279. W. Lombard*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth-child.*

1. Sex (state whether Male or Female) *Female.*

2. Race or Color (if not of the white race) *White.*

3. Date of Birth *September 28th - 1879.*

4. Place of Birth (Street and Number) *547 E. Eager St.*

5. Full Name of Mother *Margaret Knicker's*

6. Mother's Maiden Name *" McKully*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *William Knicker's*

9. Father's Occupation *Mariner.*

10. Father's Birthplace *Germany.*

Name of Medical Attendant, or other Person who makes this Return. *Geo. H. Gayles M.D.*

Address *210. N. Broadway.*

Remarks

33906

SEP 30 1879



Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33907

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sunday September 28<sup>th</sup> 1879

4. Place of Birth (Street and Number) Chesapeake St Near Elliott St

5. Full Name of Mother Anna M Bosley

6. Mother's Maiden Name Anna M Briscoe

7. Mother's Birthplace Baltimore City

8. Full Name of Father William S Bosley

9. Father's Occupation Painter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J E Richard M D

Address 28 O'Donnell St

Remarks Very large head and small woman deliver with instruments The Mother is doing well but the child is don't full



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33908

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6<sup>d</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 28<sup>d</sup> 1879
4. Place of Birth (Street and Number) 42 Little Street St
5. Full Name of Mother Mary. Wags.
6. Mother's Maiden Name Hooks
7. Mother's Birthplace Philadelphia
8. Full Name of Father L. M. Wags.
9. Father's Occupation Car-driver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. G. W. Norris M D
- Address New Street & Preston
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33909

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *28 of Sept*  
 4. Place of Birth (Street and Number) *138 Lombard St*  
 5. Full Name of Mother *Emmie Taylor*  
 6. Mother's Maiden Name *Scidler*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *John Taylor*  
 9. Father's Occupation *Engineer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this return *Mary Felt*  
 Address *44 Lombard St*  
 Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33910



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 29. 1879.

4. Place of Birth (Street and Number) No 68 S. Bond St

5. Full Name of Mother Mrs Isabelle Young

6. Mother's Maiden Name " " Brown

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank Young

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *✓*
3. Date of Birth *29. Aug. 79*
4. Place of Birth (Street and Number) *391 W. Baltimore St.*
5. Full Name of Mother *Albert Peters*
6. Mother's Maiden Name *Coreman*
7. Mother's Birthplace *Balto. Md.*
8. Full Name of Father *John Peters*
9. Father's Occupation *Barber*
10. Father's Birthplace *Balto. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Hook*
- Address *328 S. Eutaw St.*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *24 September*
4. Place of Birth (Street and Number) *332 Bank St*
5. Full Name of Mother *Elise Breitschwendt*
6. Mother's Maiden Name *Scheierman*
7. Mother's Birthplace *H. P.*
8. Full Name of Father *Georg Breitschwendt*
9. Father's Occupation *boat dealer*
10. Father's Birthplace *H. P.*
- Name of Medical Attendant, or other Person who makes this return. *Mrs. Para Casper*
- Address *52 E. Lombard St*
- Remarks



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33913

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W
3. Date of Birth September 27. 5 1879.
4. Place of Birth (Street and Number) Orifield St. No 14.
5. Full Name of Mother Eliza Ruemenap.
6. Mother's Maiden Name Eliza Schone
7. Mother's Birthplace Germany
8. Full Name of Father William Ruemenap.
9. Father's Occupation Caboon Driver
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. B. B. B.
- Address 114 Battery St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 29th 1899*

4. Place of Birth (Street and Number) *# 316 Eastward Ave*

5. Full Name of Mother *Annie W. Pfeiffer*

6. Mother's Maiden Name *Annie Weigand*

7. Mother's Birthplace *Balto*

8. Full Name of Father *John Pfeiffer*

9. Father's Occupation *Car haffer*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Linn*

Address *# 1715 Washington St.*

Remarks





rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

33915  
Sep 29<sup>th</sup> 1879.  
To J. Brown & Co.  
Emma J. Kelly,  
Emma J. Kelly,  
Baltimore City.  
Samuel Kelly  
Box Manufacturing.  
Baltimore City.  
John L. H. Hays, M.D.  
City.

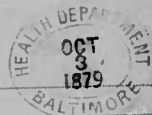
*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *29<sup>th</sup> September*
4. Place of Birth (Street and Number) *578 W. Baltimore St*
5. Full Name of Mother *Elizabeth M. Clatchy*
6. Mother's Maiden Name *Elizabeth Winter*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George M. Clatchy*
9. Father's Occupation *Plumber*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Hunter*

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 33917
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> Child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Sept 29<sup>th</sup> 1889
4. Place of Birth (Street and Number) 376 Light st
5. Full Name of Mother Mary Schneider
6. Mother's Maiden Name Barberich
7. Mother's Birthplace Germany.
8. Full Name of Father Louis Schneider
9. Father's Occupation Laborer
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. J. H. Lassus midwife
- Address 330 Hancock st.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33918

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 29<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *437 Pennsylvania Ave.*
5. Full Name of Mother *Mary Catherine Shriner*
6. Mother's Maiden Name *Goettemann*
7. Mother's Birthplace *Chambersburg Pa.*
8. Full Name of Father *Jno. P. Shriner*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Balto. City*
- Name of Medical Attendant, or other Person who makes this Return. *H. Christian M.D.*
- Address *431 Penna. Ave.*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32919

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *the 3d child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *of color race*
3. Date of Birth *29 of September*
4. Place of Birth (Street and Number) *1033 Laver St*
5. Full Name of Mother *Hester Reason*
6. Mother's Maiden Name *Hester Scott*
7. Mother's Birthplace *Kent County*
8. Full Name of Father *Samuel Reason*
9. Father's Occupation *stevedoar*
10. Father's Birthplace *Kent County*
- Name of Medical Attendant, or other Person who makes this Return *Mary Primrose*
- Address *117 26 Laver St*
- Remarks *The mother and child improving very fast*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33920

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept. 29<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *Maryland 163 W. Lombard St.*

5. Full Name of Mother *Annie Delany*

6. Mother's Maiden Name *"*

7. Mother's Birthplace *North Carolina*

8. Full Name of Father *Unknown*

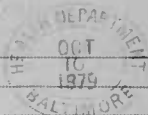
9. Father's Occupation *"*

10. Father's Birthplace *"*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Branch, M.D.*

Address *163 W. Lombard St.*

Remarks *Mother and child are doing well*



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether male or female) *Female*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *Sept 27th 1877*
  4. Place of Birth (Street and Number) *No 1. Arcade - Baltimore*
  5. Full Name of Mother *Anna Kreich*
  6. Mother's Maiden Name *Annie Ghester*
  7. Mother's Birthplace *Germany*
  8. Full Name of Father *C. Spieker*
  9. Father's Occupation *Sailor*
  10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Gilchrist*
- Address *117 E. Monument St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Scandinavia*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *September 29th 1879*
4. Place of Birth (Street and Number) *295 Solons Str.*
5. Full Name of Mother *Mrs. Maggie Frederick Meyer*
6. Mother's Maiden Name *Radtke*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Frederick Meyer*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Hamburg, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Edw. Gump*
- Address *No. 60 N. Sweden Str.*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38923

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Sept 29th 1879

4. Place of Birth (Street and Number) 7 N. G. Lugen

5. Full Name of Mother Sarah Anne Folger

6. Mother's Maiden Name Sarah Anne Reed

7. Mother's Birthplace Norfolk Va

8. Full Name of Father Ellery Lohanning Folger

9. Father's Occupation Merchant

10. Father's Birthplace Chautauket Mass

Name of Medical Attendant, or other Person who makes this Return. Anna Dumbra D. Schroter

Address \_\_\_\_\_

Remarks \_\_\_\_\_

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32924

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White
3. Date of Birth September 29<sup>th</sup> 1877
4. Place of Birth (Street and Number) Stirling St 1874
5. Full Name of Mother Julia Zink
6. Mother's Maiden Name Lepp
7. Mother's Birthplace Balto Md
8. Full Name of Father John Zink
9. Father's Occupation Porter
10. Father's Birthplace Balto Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Wiley
- Address 48 W. Maryland St
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

3392.5

OCT  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *September 29 1879*
4. Place of Birth (Street and Number) *134 Collington avenue*
5. Full Name of Mother *Margaret J. Grant*
6. Mother's Maiden Name *Margaret J. Dashiell*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *Joseph W. Grant*
9. Father's Occupation *Ship Smith*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this return *Mary Connor 153*
- Address *Collington Avenue*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 29<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *150 cross st*
5. Full Name of Mother *Annie Miller*
6. Mother's Maiden Name *Annie Gutfreit*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Miller*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Baltimore Barber*
- Address *No 106 West st*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Monday Sept 29 1879
4. Place of Birth (Street and Number) East Biddle St 49
5. Full Name of Mother anna E. Glick
6. Mother's Maiden Name anna E. Fisher
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard George Glick
9. Father's Occupation Cabinet maker
10. Father's Birthplace Hamburg
- Name of Medical Attendant, or other Person who makes this Return Louisa ab meritan
- Address North Walt St no 10
- Remarks Live Born

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF BIRTH

33028

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 29th 1879*
4. Place of Birth (Street and Number) *No 207 Scott St*
5. Full Name of Mother *Mary E Rohmsman*
6. Mother's Maiden Name *Warner*
7. Mother's Birthplace *City*
8. Full Name of Father *John V Rohmsman*
9. Father's Occupation *City*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Blackman*
- Address *1200 Scott St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 29
4. Place of Birth (Street and Number) 58 Sumner St
5. Full Name of Mother Lutie Ricott
6. Mother's Maiden Name Friederich
7. Mother's Birthplace Germany
8. Full Name of Father John Ricott
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

74  
Female  
White  
21<sup>st</sup> Sept 1879  
86<sup>th</sup> Beka St  
M. Stafford  
M. Stafford, not known  
Baltimore City  
H. Stafford  
Leather Dealer  
Baltimore  
Mary Watts  
25 Barclay St  
Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third.

1. Sex (state whether male or female)

Male.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

September 28<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Corner Albemarle St. No 26

5. Full Name of Mother

Elisbeth Sophia Haegerich.

6. Mother's Maiden Name

Marguarath

7. Mother's Birthplace

Brechen. Germany

8. Full Name of Father

Chas. William Haegerich

9. Father's Occupation

Machinist

10. Father's Birthplace

Nürnberg. Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return.

Leabon King Gebauer

Address

8 Trimmer Street No 26. Baltimore

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

55933

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 29<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 56 North Wolf St
5. Full Name of Mother Marie Dill
6. Mother's Maiden Name " " Kloaenmann
7. Mother's Birthplace Baltimore
8. Full Name of Father William Dill
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Louise Kraft
- Address 236 Canton ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

329311

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Sept. 29<sup>th</sup>  
 4. Place of Birth (Street and Number) No 99. Front St  
 5. Full Name of Mother Edna Mathers  
 6. Mother's Maiden Name Edna Cook  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father John Mathers  
 9. Father's Occupation Blacksmith  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Rogers  
 Address No 112 Holl St  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Sept 20<sup>th</sup> 77
4. Place of Birth (Street and Number) Lexington Br #216
5. Full Name of Mother Katy Cappelmeier
6. Mother's Maiden Name Borcharding
7. Mother's Birthplace Prussia
8. Full Name of Father Fred Cappelmeier
9. Father's Occupation Bar Keeper
10. Father's Birthplace Balto City
- Name of Medical Attendant, or other Person who makes this Return. Mary Wood
- Address 328 S. Euter St.
- Remarks \_\_\_\_\_

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 30<sup>th</sup>*
4. Place of Birth (Street and Number) *36. Ridgely St*
5. Full Name of Mother *Anna Berghoff*
6. Mother's Maiden Name *Vorsteig*
7. Mother's Birthplace *Hanover, Germany*
8. Full Name of Father *Eugen Berghoff*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Kroh*
- Address *328 S. Euter St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *20. Sept. 79.*
4. Place of Birth (Street and Number) *Cross St.*
5. Full Name of Mother *Mary Reiset*
6. Mother's Maiden Name *Hilbach*
7. Mother's Birthplace *Balto City, Md.*
8. Full Name of Father *John Reiset*
9. Father's Occupation *Provision Store*
10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Viseh*
- Address *328 E. Euter St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) female
  2. Race or Color (if not of the white race) white
  3. Date of Birth September 30th. 1879
  4. Place of Birth (Street and Number) 49 Clay str.
  5. Full Name of Mother Julia Danzer
  6. Mother's Maiden Name " Rice
  7. Mother's Birthplace New York
  8. Full Name of Father Denson Danzer
  9. Father's Occupation Cabinet-maker
  10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this return Mrs. G. Bernstein.  
Address 113 G. Lombard str.  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33939

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1879

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth Sept 30

4. Place of Birth (Street and Number) Baltimore Bayanuda alley 141

5. Full Name of Mother Anna Maria Klatzbacher

6. Mother's Maiden Name Anna Maria Kelley

7. Mother's Birthplace Baltimore

8. Full Name of Father William Klatzbacher

9. Father's Occupation Carpenter

10. Father's Birthplace Troy New York

Name of Medical Attendant, or other Person who makes this return M<sup>r</sup> M. Schaffer

Address \_\_\_\_\_

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 30. 1879*
4. Place of Birth (Street and Number) *261 Argyle Avenue*
5. Full Name of Mother *Maria Jordan*
6. Mother's Maiden Name *Johns*
7. Mother's Birthplace *Balt City*
8. Full Name of Father *Henry Jordan*
9. Father's Occupation *Painter*
10. Father's Birthplace *Balt City*
- Name of Medical Attendant, or other Person who makes this Return. *Marbury Jones M.D.*
- Address *68 W. 4<sup>th</sup> St. Balt. City*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

23941

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 31 September 1879
4. Place of Birth (Street and Number) 17 Orleans St
5. Full Name of Mother Echel Frauke
6. Mother's Maiden Name Upena
7. Mother's Birthplace England
8. Full Name of Father Henri Frauke
9. Father's Occupation Findings Store
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. David Casper
- Address 52 E Lombard St
- Remarks \_\_\_\_\_

That any physician, accouchement woman, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such children.

# RETURN OF A BIRTH.

329421

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 30 September 1874

4. Place of Birth (Street and Number) 79 Spring St

5. Full Name of Mother Ellen Carrell

6. Mother's Maiden Name Garrrell

7. Mother's Birthplace W D

8. Full Name of Father Nichol Carrell

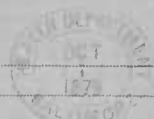
9. Father's Occupation Workingman

Father's Birthplace W D

10. Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 W. Lombard St

Remarks



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

30<sup>th</sup> Sept

4. Place of Birth (Street and Number)

No 254 Montgomery St

5. Full Name of Mother

Jane Williams

6. Mother's Maiden Name

Jane Smith

7. Mother's Birthplace

Oxford, Md

8. Full Name of Father

Frank Williams

9. Father's Occupation

Laborer

10. Father's Birthplace

Lumberland Md

Name of Medical Attendant, or other Person who makes this return

Sarah J. Wilson

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. *Sept. 30<sup>th</sup> 1879.*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12<sup>th</sup>*

1. Sex (state whether male or female) *Female.*

2. Race or Color (if not of the white race) *White.*

3. Date of Birth *Sept 30<sup>th</sup> 1879.*

4. Place of Birth (Street and Number) *292 Eastern Ave.*

5. Full Name of Mother *Sophie Hill.*

6. Mother's Maiden Name *Sophie Garner.*

7. Mother's Birthplace *Germany.*

8. Full Name of Father *John Hill.*

9. Father's Occupation *Barber.*

10. Father's Birthplace *Germany.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Smart.*

Address *131 South Wolfe Street*

Remarks *C.*

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38940

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *W.*
3. Date of Birth *September 30 1879*
4. Place of Birth (Street and Number) *172 S. Charles st*
5. Full Name of Mother *Angelina Gardner*
6. Mother's Maiden Name *Colburn*
7. Mother's Birthplace *Balt. city*
8. Full Name of Father *John H. Gardner*
9. Father's Occupation *Police officer*
10. Father's Birthplace *Balt. city*
- Name of Medical Attendant, or other Person who makes this Return. *M. W. Webster M.D.*
- Address *57 Barr st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *30th Sept 1879*  
 4. Place of Birth (Street and Number) *164 Chesapeake St*  
 5. Full Name of Mother *Mary Jane Woods*  
 6. Mother's Maiden Name *Parker*  
 7. Mother's Birthplace *Virginia*  
 8. Full Name of Father *James Wesley Woods*  
 9. Father's Occupation *Lug Boating*  
 10. Father's Birthplace *Maryland*  
 Name of Medical Attendant, or other Person who makes this Return. *E. Jones Williams M.D.*  
 Address *17 Rutland St.*  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 30<sup>th</sup> Sept. 1879

4. Place of Birth (Street and Number) 310 E. Pratt St

5. Full Name of Mother Agnes Gray

6. Mother's Maiden Name Agnes O'Brien

7. Mother's Birthplace Ireland

8. Full Name of Father Benj. F. Gray

9. Father's Occupation Sail maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return John Morris, M.D.

Address 200 E. Franklin St

Remarks

But any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise on the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33948

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 30th Sep. 1879 5:30 P.m.
4. Place of Birth (Street and Number) 168 N. Carey St.
5. Full Name of Mother Mary E. Stewart
6. Mother's Maiden Name "Bessie" Bond
7. Mother's Birthplace Baltimore
8. Full Name of Father John M. Stewart
9. Father's Occupation Tobacco onist
10. Father's Birthplace Byrnes Co Ireland
- Name of Medical Attendant N. G. Keirle, M.D.  
or other Person who makes this Return.
- Address # 74 N. Paca St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33949

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)
1. Sex (state whether Male or Female) Y
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 30 1879
4. Place of Birth (Street and Number) 25199 - Burgundy St
5. Full Name of Mother Kate Cummings
6. Mother's Maiden Name Harvey
7. Mother's Birthplace City
8. Full Name of Father Wm H Cummings
9. Father's Occupation Genl Post
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return Jos. A. Blake M.D.
- Address 133 Scott St
- Remarks This case was attended by a midwife from the first.

I was called to deliver & I called the midwife, promising a reward case which I find & she failed to do her duty in the birth date.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32950

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 30<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *665 McCallum St*
5. Full Name of Mother *Charlotte Spier*
6. Mother's Maiden Name *Groedel*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Horitz Spier*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *W. R. Regan*
- Address *St. Mark's Hospital & Calverton*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

30 September 1879

4. Place of Birth (Street and Number)

W Fayette St 347

5. Full Name of Mother

Marie Sannenberg

6. Mother's Maiden Name

Marie Dietrich

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Otto Sannenberg

9. Father's Occupation

Moulder

10. Father's Birthplace

Magdeburg, Prussia

Name of Medical Attendant, or other Person who makes this Return.

A. J. Pinkard

Address

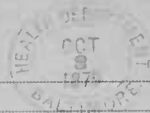
224 W Fayette Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
  2. Race or Color (if not of the white race) White
  3. Date of Birth Sept 30<sup>th</sup> 1879
  4. Place of Birth (Street and Number) 1017 E. 1<sup>st</sup> St
  5. Full Name of Mother A. Galster
  6. Mother's Maiden Name A. Pullman
  7. Mother's Birthplace Germany
  8. Full Name of Father A. Ma. Galster
  9. Father's Occupation Carriage
  10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. John A. Rogers
- Address 1017 E. 1<sup>st</sup> St. Monument
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth Sept 30, 1879

4. Place of Birth (Street and Number) 50 Fox th st

5. Full Name of Mother Julia green

6. Mother's Maiden Name Julia Barrol

7. Mother's Birthplace hanford co

8. Full Name of Father Geo. green

9. Father's Occupation Laborer

10. Father's Birthplace acmac. va.

Name of Medical Attendant, or other Person who makes this Return. Lakollot Proctor

Address \_\_\_\_\_

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *September 30*

4. Place of Birth (Street and Number) *No 16 Hull Street*

5. Full Name of Mother *Rosa Maugh*

6. Mother's Maiden Name *Rosa Rode*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Weydling*

9. Father's Occupation *labor*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Margaret Ethel*

Address *No 13 Cuba Street*

Remarks



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 30 1879*
4. Place of Birth (Street and Number) *St William & Hughes St*
5. Full Name of Mother *Margaret A. Corbitt*
6. Mother's Maiden Name *Margaret A. Ryan*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick Corbitt*
9. Father's Occupation *Grocery Store*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M. D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *5th*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Sept. 30th 1879*  
 4. Place of Birth (Street and Number) *325 E. Pratt St.*  
 5. Full Name of Mother *Lidia Gray Norris*  
 6. Mother's Maiden Name *Dutton*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Dr. Winkley Norris*  
 9. Father's Occupation *Timber Procurer*  
 10. Father's Birthplace *Harford Co. Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *E. P. Croons*  
 Address *406 E. Baltimore St.*  
 Remarks *Child healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33957

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

30 of September 1879

4. Place of Birth (Street and Number)

423 Calverton St

5. Full Name of Mother

Carline Michelson

6. Mother's Maiden Name

Carline Schackellen

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Michelson

9. Father's Occupation

House Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address

No 12 Sutton Park Ave

Remarks

Child in doctor gently

That any physician, accoucheur, midwife, or other person to charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33958

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 30th 1899

4. Place of Birth (Street and Number)

No 51 Woodward St

5. Full Name of Mother

Sarah S. Walsh

6. Mother's Maiden Name

Robert

7. Mother's Birthplace

Calvert Co Md

8. Full Name of Father

Thos K Walsh

9. Father's Occupation

Carpenter

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. H. H. H.

Address

1234 Scott St

Remarks

# RETURN OF A BIRTH.

33959

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.) *The sixth child*  
state whether Male or Female *Male*  
or Color (if not of the white race) *Colored*  
of Birth *30th of September*  
of Birth (Street and Number) *156 Raborg St*  
Name of Mother *Hannah Steward*  
Name of Maiden Name *Hannah Sims*  
Name of Birthplace *Baltimore*  
Name of Father *James Henry Steward*  
Name of Occupation *Leabower*  
Name of Birthplace *Richmond Virginia*  
Name of Medical Attendant, or other Person who makes this Return. *Mary Jane Richardson*  
No *212* *Dover St*  
Remarks *Time: healthy child doing well and mother also*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33960

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth September the 30 1879
4. Place of Birth (Street and Number) Morris alley
5. Full Name of Mother Clara Tongue
6. Mother's Maiden Name Clara Butler
7. Mother's Birthplace Baltimore and
8. Full Name of Father Richard Tongue
9. Father's Occupation Drayman
10. Father's Birthplace Nut river and
- Name of Medical Attendant, or other Person who makes this Return. Larah Lmother
- Address no 35 George St alley
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33961

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Negro
3. Date of Birth Sept. 30th 1879
4. Place of Birth (Street and Number) No. 20 - State St.
5. Full Name of Mother Annette Hill
6. Mother's Maiden Name " Oldham
7. Mother's Birthplace Gay St., Baltimore,
8. Full Name of Father Horace Hill
9. Father's Occupation Writer
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Dr. F. W. Gardner
- Address 128-W. Greene St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33969

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth August 23rd 1879  
4. Place of Birth (Street and Number) No Broadway  
5. Full Name of Mother Mary Klees  
6. Mother's Maiden Name Mary Hindler  
7. Mother's Birthplace Chillicothe Ohio  
8. Full Name of Father Henry Klees Jr  
9. Father's Occupation Tanner & Currier  
10. Father's Birthplace Balth. Ma  
Name of Medical Attendant, or other Person who makes this Return. Thomas D. Evans M.D.  
Address 22 Jackson Square  
Remarks ○ ○ ○ ○

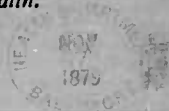


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33963

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup> Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 21<sup>st</sup>. 8 A.M. 1879*
4. Place of Birth (Street and Number) *137 Banks Street*
5. Full Name of Mother *Mary Eliza Cashmeyer*
6. Mother's Maiden Name *Mary E. Zinkand*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Henry Cashmeyer*
9. Father's Occupation *Insurance Agent*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Drinnille M.D.*
- Address *299 E Baltimore St.*
- Remarks

# RETURN OF A BIRTH.

33964

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 23. 1879
4. Place of Birth (Street and Number) 294 Lonsdale St.
5. Full Name of Mother Louisa Hollyday
6. Mother's Maiden Name Louisa Worthington
7. Mother's Birthplace Balto. Co. Md.
8. Full Name of Father Geo. J. Hollyday
9. Father's Occupation Fire Insurance Agt.
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. J. D. Thomson
- Address 187 W. Middle St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct 1st 1879*  
4. Place of Birth (Street and Number) *#312 Alice Ann St.*  
5. Full Name of Mother *Elij. J. Rucktenbach*  
6. Mother's Maiden Name *Elij. J. Arny*  
7. Mother's Birthplace *Balto.*  
8. Full Name of Father *John Rucktenbach*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *New York*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Finius.*  
Address *#1718 Washington St.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Octbr 1 d 1879
4. Place of Birth (Street and Number) 85 N. Bond St.
5. Full Name of Mother Luisa Schneider
6. Mother's Maiden Name L. Korner
7. Mother's Birthplace Baltimore
8. Full Name of Father Wilhelm Schneider
9. Father's Occupation Kabender
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 N. Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33967



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2<sup>d</sup>)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 1<sup>st</sup>, 1879*
4. Place of Birth (Street and Number) *No. 193 Bank St.*
5. Full Name of Mother *Mrs. Catharine Keturah Redmond*
6. Mother's Maiden Name *Miss C. K. Young*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Mr. John A. Redmond*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Wm H. Lindeman M.D.*
- Address *No. 102 N. Broadway*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October the 1st 1879
4. Place of Birth, (Street and Number) 137 Bauff St
5. Full Name of Mother Maria Beamer Beamer
6. Mother's Maiden Name Röszler
7. Mother's Birthplace Baltimore
8. Full Name of Father John Beamer
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Louise Kraft
- Address 236 Canton ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

33964  
OCT 2 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st child  
Female  
White  
1st of October 1879  
No. 6 North Central Street  
Maggie M. Henderson  
Maggie Henderson  
Germany  
Charles Henderson  
Carpenter  
Germany  
Dr. J. H. Smith  
No. 10 North Central Street for Justice House  
Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, signing distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33970



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 1st 79*
4. Place of Birth (Street and Number) *No 168 E. Pratt St*
5. Full Name of Mother *Mrs. Ricka Smith*
6. Mother's Maiden Name *Gunther*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henry Smith*
9. Father's Occupation *Bar Keeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Goetzke*
- Address *No 55 S. Bond St*
- Remarks *Balto Md*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar abroad, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33976

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEPT  
TGT  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

boy

2. Race or Color (if not of the white race)

white

3. Date of Birth

1 October

4. Place of Birth (Street and Number)

24 Cloney & Cross St

5. Full Name of Mother

Mary Dentzell

6. Mother's Maiden Name

Mary Gisse

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Theodor Dentzell

9. Father's Occupation

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

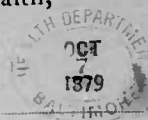
Miss Krumming mit wife

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 1st*

4. Place of Birth (Street and Number) *226 Beutzel St*

5. Full Name of Mother *Gizzie Seigrest*

6. Mother's Maiden Name *Gizzie Schomanic*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Henry Seigrest*

9. Father's Occupation *Carriage*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Mary Jacobs*

Address *99 Lancaster St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3397.3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex (state whether male or female)
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *October 1st 1878*
  4. Place of Birth (Street and Number) *S. Spring St. No 162*
  5. Full Name of Mother *Margharine Coleman*
  6. Mother's Maiden Name *Margharine Schmidt*
  7. Mother's Birthplace *Baltimore City*
  8. Full Name of Father *Louis W. Coleman*
  9. Father's Occupation *Packet Book maker*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Miller*
- Address *N. Dallas St. No 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33974-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*
  2. Race or Color (if not of the white race) *Colord*
  3. Date of Birth *Born Oct the 1th 1872*
  4. Place of Birth (Street and Number) *West no 430*
  5. Full Name of Mother *Rancy hammon d*
  6. Mother's Maiden Name *Rancy ham mon*
  7. Mother's Birthplace *Chard*
  8. Full Name of Father *David Holkins*
  9. Father's Occupation *Driver Drive*
  10. Father's Birthplace *Bolt Md*
- Name of Medical Attendant, or other Person who makes this Return *Susan Butler*
- Address *West St A*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *~~Male~~ female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 1<sup>st</sup> 1879*
4. Place of Birth (Street and Number) *77 Elizabeth Lane*
5. Full Name of Mother *Sarah J. Gold*
6. Mother's Maiden Name *Sarah Gregerey*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Frank J. Gold*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Horner*
- Address *No 106 West St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33976

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1st October 1879*
4. Place of Birth (Street and Number) *441 Eastern Av*
5. Full Name of Mother *Lizzie Breckinrith*
6. Mother's Maiden Name *Lizzie Hamberg*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Martin Breckinrith*
9. Father's Occupation *Ligar Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Wiley*
- Address *At 12 Patterson Park Av*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33977

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *None*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 1st 1879*
4. Place of Birth (Street and Number) *No 163 North Tremont Street*
5. Full Name of Mother *Lucie Boone*
6. Mother's Maiden Name *Lucie Boone*
7. Mother's Birthplace
8. Full Name of Father *Oliver Boone*
9. Father's Occupation *Gen Maker*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Henrietta Harrison*
- Address *No 14 Wagon Way*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33978

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth October 29
4. Place of Birth (Street and Number) 42 Canal St
5. Full Name of Mother Etna Kemmel
6. Mother's Maiden Name Mohr
7. Mother's Birthplace N. D.
8. Full Name of Father Nichol Kemmel
9. Father's Occupation Wagon Reper
10. Father's Birthplace N. D.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Waser
- Address... 52 E. Lombard St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33979

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 1st 1891
4. Place of Birth (Street and Number) 98 Chappel St
5. Full Name of Mother Mary Plumb Riley
6. Mother's Maiden Name Be
7. Mother's Birthplace Be
8. Full Name of Father Joseph A. Plumb
9. Father's Occupation Engineer
10. Father's Birthplace Be
- Name of Medical Attendant, or other Person who makes this Return. Dr. A. Davenport
- Address 194 Gough St
- Remarks Doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33980

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether male or female) *girl*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *1<sup>st</sup> October 1879*
4. Place of Birth (Street and Number) *Baltimore Abbat st. No 23*
5. Full Name of Mother *Mary Nitch*
6. Mother's Maiden Name *Mary Nitch*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Th. Nitch*
9. Father's Occupation *laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Hopfisch*
- Address *69 Washington st*
- Remarks *M. Hopfisch*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33981

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 1st 1879
4. Place of Birth, (Street and Number) Barnes St
5. Full Name of Mother Marion Lindall
6. Mother's Maiden Name Marie Jones
7. Mother's Birthplace Baltimore City
8. Full Name of Father B. W. Lindall
9. Father's Occupation Police Officer
10. Father's Birthplace Balt Co. Md
- Name of Medical Attendant, or other Person who makes this Return. August A. Richmond
- Address 135 E. Pratt St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33989

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October the 17th 1892

4. Place of Birth (Street and Number) 174 Grand St. Baltimore

5. Full Name of Mother Justa Augustson

6. Mother's Maiden Name Hate Holgar

7. Mother's Birthplace Germany

8. Full Name of Father Henry Augustson

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Augustson

Address 164 Penna. St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

53983

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 1st 1899
4. Place of Birth (Street and Number) 44 Franklin St.
5. Full Name of Mother Freda Mae Hanson
6. Mother's Maiden Name Julia Hughes
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick McManus
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Annie Meszabol
- Address 104 Penna. St.
- Remarks \_\_\_\_\_

That any physician, surgeon, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33984

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *October 1, 1879*  
4. Place of Birth (Street and Number) *S. Calhoun*  
5. Full Name of Mother *Sarah Ann Robinson*  
6. Mother's Maiden Name *Griffin*  
7. Mother's Birthplace *Washington, D.C.*  
8. Full Name of Father *David H. Robinson*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this return *John Hood M.D.*  
Address *3 S. Carey St.*  
Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33985

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th child.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 1st 1879.*
4. Place of Birth (Street and Number) *226 E. Fayette St.*
5. Full Name of Mother *Sarah E. Pascoe.*
6. Mother's Maiden Name *" " Phillips*
7. Mother's Birthplace *Baltimore City.*
8. Full Name of Father *Charles Pascoe*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Aug. F. Esick M.D.*
- Address *#94 S. Broadway.*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33986

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child
1. Sex (state whether Male or Female) Male William R. Richard
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth the first of October 1879
4. Place of Birth (Street and Number) Willmore Alley 13
5. Full Name of Mother Mary Ann Richard 901
6. Mother's Maiden Name Mary Ann Sims
7. Mother's Birthplace Fredrick County
8. Full Name of Father John Richard
9. Father's Occupation Barber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lauver Thebrou Nieu 1124
- Address \_\_\_\_\_
- Remarks I could not report so soon on account of the parent



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 2nd 1879*
4. Place of Birth (Street and Number) *#117 P. Chapel St*
5. Full Name of Mother *Eda M Funk McCoy*
6. Mother's Maiden Name *Eda M Funk*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Thomas McCoy*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Quinn*
- Address *#171 S. Washington St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33988



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second -  
Female -  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 2nd 1879

4. Place of Birth (Street and Number)

No. 201 Druid Hill Avenue  
Margaret Yakel

5. Full Name of Mother

6. Mother's Maiden Name

Burkamp  
Baltimore Md -

7. Mother's Birthplace

8. Full Name of Father

Louis Yakel -

9. Father's Occupation

Drug Clerk

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight Md

Address

112 N. Greene St.

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 2<sup>nd</sup> 1879

4. Place of Birth (Street and Number)

No. 10 Penna. Avenue  
Catherine Theresa Neale

5. Full Name of Mother

6. Mother's Maiden Name

Imhoff.  
Balto. City

7. Mother's Birthplace

8. Full Name of Father

Charles Joshua Neale

9. Father's Occupation

Ship Repper.

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.  
112 N. Greene St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33990



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *eight children*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 2nd 1879*
4. Place of Birth (Street and Number) *183 Chesnut St.*
5. Full Name of Mother *Katharine Weinkam*
6. Mother's Maiden Name *Katharine Müller*
7. Mother's Birthplace *Bavaria Germany.*
8. Full Name of Father *John Weinkam*
9. Father's Occupation *Shoe maker*
10. Father's Birthplace *Bavaria Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Susan Lammert*
- Address *21 of Poppleton St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33991

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 2 of 1879

4. Place of Birth (Street and Number)

No 19 Sommes St

5. Full Name of Mother

May H Reinhardt

6. Mother's Maiden Name

May Weber

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Haper

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

1600 S. L. Ave

Remarks

175 Harper Ave

1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33992

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1 3  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 20 1879

4. Place of Birth (Street and Number)

347

Harford Ave

5. Full Name of Mother

Laura Gladys

6. Mother's Maiden Name

P. Edell

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Gladys

9. Father's Occupation

Brooklyn Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. B. Billingslea

Address

Harford Ave & Piddle St

Remarks

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33993

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

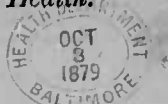


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>d</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *21. 8. Liberty St.*
4. Place of Birth (Street and Number) *2nd. October 79*
5. Full Name of Mother *Maggie Lussen*
6. Mother's Maiden Name *Deamers*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Chas Lussen*
9. Father's Occupation *Tobacco manufacturer*
10. Father's Birthplace *Bremen*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Hook*
- Address *328 J. Euter St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

OCT 2 1879

4. Place of Birth (Street and Number)

W. J. L. Paca St

5. Full Name of Mother

Mary Sachae Redle

6. Mother's Maiden Name

7. Mother's Birthplace

Hessendammstadt

8. Full Name of Father

Theodor E. Redle

9. Father's Occupation

Watch maker

10. Father's Birthplace

Pommern

Name of Medical Attendant, or other Person who makes this Return.

Mary Todd

Address

328 B. E. Lawrence St.

Remarks



# RETURN OF A BIRTH.

33993

To the Office of Registrar of Vital Statistics, Board of Health. CT  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 2<sup>nd</sup>
4. Place of Birth (Street and Number) 292 South Clinton Street Canton Baltimore Co.
5. Full Name of Mother Cassia Thorn
6. Mother's Maiden Name Cassia Thomas
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Thorn
9. Father's Occupation Driver
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. E. L. B. + Penget
- Address .....
- Remarks .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

33996

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 61  
 1. Sex (state whether Male or Female) Male 1879  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 2d of Oct  
 4. Place of Birth (Street and Number) 100 Dallas St  
 5. Full Name of Mother Mary Brown  
 6. Mother's Maiden Name Mary Reader  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father John Brown  
 9. Father's Occupation Day Laborer  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this return Mary Spade  
 Address 99 Leonard St  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

33997

1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Boy 11<sup>th</sup>*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Oct 2<sup>nd</sup> 1879*
4. Place of Birth (Street and Number) *38 Lane Street*
5. Full Name of Mother *Ruth Gaston*
6. Mother's Maiden Name
7. Mother's Birthplace *Frederick Co Md*
8. Full Name of Father *Robert Gaston*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Beth City*
- Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*
- Address *71 Bayside Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33998

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether ~~male~~ or female) *Amelia Elizabeth Smith*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 2nd, 1879*
4. Place of Birth (Street and Number) *N. Washington St. No. 99.*
5. Full Name of Mother *Katharina Smith*
6. Mother's Maiden Name *Katharina Ziehl.*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *William Smith*
9. Father's Occupation *Can maker*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*
- Address *N. Dallas St. No. 26*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 2/1879

4. Place of Birth (Street and Number)

97 Battery ave

5. Full Name of Mother

Mary Clarke

6. Mother's Maiden Name

Mary Gatz

7. Mother's Birthplace

Balto

8. Full Name of Father

Gasper W. Clark

9. Father's Occupation

seaman

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mrs Anna P. Wash

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 2<sup>nd</sup> 1879*
4. Place of Birth (Street and Number) *380 Hanover st*
5. Full Name of Mother *S. B. Blackburne*
6. Mother's Maiden Name *S. Bervely*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *S. B. Blackburne*
9. Father's Occupation *Slayer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Horner*
- Address *No 106 West st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311001

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

2 October 79

4. Place of Birth (Street and Number)

160 E. Lombard

5. Full Name of Mother

Eva May

6. Mother's Maiden Name

Levi

7. Mother's Birthplace

M. D.

8. Full Name of Father

George May

9. Father's Occupation

Undertaker

10. Father's Birthplace

M. D.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Para Casper

Address

52 E Lombard St

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34002

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Second child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Born October 2*
4. Place of Birth (Street and Number) *145 Chesnut St near Bow*
5. Full Name of Mother *Louisa John son*
6. Mother's Maiden Name *Louisa Dunlap*
7. Mother's Birthplace *Alexandria Va*
8. Full Name of Father *William Johnson*
9. Father's Occupation *Potter*
10. Father's Birthplace *Mathes Co Va*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34003

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

October 2<sup>nd</sup> 1879

4. Place of Birth (Street and Number)

No 20 South Race St

5. Full Name of Mother

Annalia Hartman

6. Mother's Maiden Name

Bichy

7. Mother's Birthplace

Baltimore Ind

8. Full Name of Father

Louis Hartman

9. Father's Occupation

Bookkeeper

10. Father's Birthplace

Bremen Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Dr. J. M. Dumble 60 Federal

Remarks

RECEIVED  
OCT 25 1879  
1101

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34004-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

OCT.  
25  
1879  
MORE

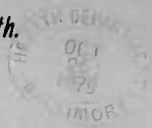
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 2<sup>nd</sup> 1879*
4. Place of Birth (Street and Number) *82 Lemon Street*
5. Full Name of Mother *Theresa Dillon*
6. Mother's Maiden Name *Theresa Curtin*
7. Mother's Birthplace *County Cinnick Ireland*
8. Full Name of Father *Walter Dillon*
9. Father's Occupation *Laborer*
10. Father's Birthplace *County Cinnick Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Stumpler*
- Address *60 Libby*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34005



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 2/79

4. Place of Birth (Street and Number)

8. Falls St.

5. Full Name of Mother

Susan McCourt.

6. Mother's Maiden Name

" Haperty.

7. Mother's Birthplace

Ireland.

8. Full Name of Father

Edward McCourt.

9. Father's Occupation

Drayman

10. Father's Birthplace

Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Edward J. McGraw

Address

137 N. Egleston St

Remarks

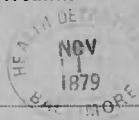
The child was but 5 1/2 months of Utero-Gestation when born & lived 10 hours after birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34006



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 2nd 1879

4. Place of Birth (Street and Number) Charles Street 11-18

5. Full Name of Mother Carolina Paul

6. Mother's Maiden Name Carolina Paul

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Henry Paul

9. Father's Occupation

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr. Arthur Brumpe

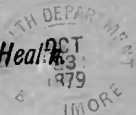
Address 11-114 Battery St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 2nd 1879

4. Place of Birth (Street and Number) 196 Barr St

5. Full Name of Mother Belle Truman

6. Mother's Maiden Name Belle Clark

7. Mother's Birthplace Philadelphia

8. Full Name of Father George E. Truman

9. Father's Occupation Paper Hanger

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Mary J. J. Truman  
186 Barr St  
Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether Male or Female) 1 Male
2. Race or Color (if not of the white race) White
3. Date of Birth October the 3 1879
4. Place of Birth (Street and Number) No 69 Parish St Baltimore
5. Full Name of Mother Augusta Smith
6. Mother's Maiden Name Augusta Stinick
7. Mother's Birthplace Germany
8. Full Name of Father Detric Smith
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs S. Schubert
- Address 792 Pratt St Baltimore
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Primipara  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) white  
3. Date of Birth Oct. 3 d. 1879.  
4. Place of Birth (Street and Number) 796. W. Baltimore St.  
5. Full Name of Mother Cecilia Schieb  
6. Mother's Maiden Name Emmeline Bessie  
7. Mother's Birthplace Balt.  
8. Full Name of Father George Schieb  
9. Father's Occupation Cabinet-maker  
10. Father's Birthplace Balt. Mo.  
Name of Medical Attendant, or other Person who makes this Return. A. N. Baker M.D.  
Address 543 Dringtn St.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

341010

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Boy*  
1. Sex (state whether male or female) *Second.*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct 3d 1879*  
4. Place of Birth (Street and Number) *# 33 Franklin St.*  
5. Full Name of Mother *B. R. Prosser*  
6. Mother's Maiden Name *Barbara Richler*  
7. Mother's Birthplace *Balto.*  
8. Full Name of Father *Geo. Prosser*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Balto.*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Simms.*  
Address *# 171 S. Washington St.*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Male  
White



1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 3rd 1879

4. Place of Birth (Street and Number)

329 Eastern Ave

5. Full Name of Mother

Barbara B. Driver

6. Mother's Maiden Name

Barbara Brown

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Lewis Driver

9. Father's Occupation

Teamster

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary E. Simmons

Address

171 S. Washington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Fifth*

1. Sex (state whether male or female)

*Male*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*Oct 3d 1879*

4. Place of Birth (Street and Number)

*# 448 Canton Ave*

5. Full Name of Mother

*Annie L. Sinclair*

6. Mother's Maiden Name

*Annie Louise Barker*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*Wm H. Sinclair*

9. Father's Occupation

*Laborer*

10. Father's Birthplace

*Balto.*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs Mary E. Quinn*

Address

*#171 E. Washington St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34013

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 3rd 1899

4. Place of Birth (Street and Number)

No. Maryland Avenue

5. Full Name of Mother

Catherine Leevering

6. Mother's Maiden Name

Webb

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Fred. A. Leevering

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Biggin Bucklin

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34014

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth Dec. Oct 22

4. Place of Birth, (Street and Number) Baltimore No 198 2nd

5. Full Name of Mother Fiske Howard

6. Mother's Maiden Name Brown

7. Mother's Birthplace Kent

8. Full Name of Father William Howard

9. Father's Occupation Seaman

10. Father's Birthplace Accomack County Va

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 289 Lombard St

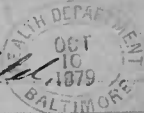
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34013-



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child  
Male Child

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Colored.

3. Date of Birth

3<sup>rd</sup> Day October 1879

4. Place of Birth (Street and Number)

No. 89 Moores Alley

5. Full Name of Mother

Catherine Davis

6. Mother's Maiden Name

Same as above

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Goldsborough

Address

Charlotte Goldsborough 89 Moores Alley

Remarks

Has. H. Brackston, 62 Canal, N.Y.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34046

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Oct third*
4. Place of Birth (Street and Number) *Eastern Ave. 332.*
5. Full Name of Mother *Mary Elizabeth Ely.*
6. Mother's Maiden Name *Pestner.*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *John Benjamin Ely.*
9. Father's Occupation *Ship joiner.*
10. Father's Birthplace *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Pestner.*
- Address *Good health.*
- Remarks

*57 S. Maderia Alley.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34-017  
OCT 10 1897

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth October 3, 1897
4. Place of Birth (Street and Number) 245 N. Looney
5. Full Name of Mother Ellen K. Grady
6. Mother's Maiden Name Godfrey
7. Mother's Birthplace MD
8. Full Name of Father Richard Grady
9. Father's Occupation Dentist
10. Father's Birthplace N. Y.
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 3d October
4. Place of Birth (Street and Number) 23 Gerson St
5. Full Name of Mother Augusta Sand Kähler
6. Mother's Maiden Name u Jastinath
7. Mother's Birthplace Prusen
8. Full Name of Father Benny Sand Kähler
9. Father's Occupation Gardner
10. Father's Birthplace Hannover
- Name of Medical Attendant, or other Person who makes this Return. Anna Lindner
- Address 1045 S. Monroe St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 3<sup>d</sup> 1879*
4. Place of Birth (Street and Number) *218 90 Mason St*
5. Full Name of Mother *Maryann Countis*
6. Mother's Maiden Name *Maryann Mills*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Frank Countis*
9. Father's Occupation *Brick Molder*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Doll*
- Address *2057 Bantlos St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34020

OCT  
11  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 3rd 1879

4. Place of Birth (Street and Number)

371 W. McHenry St. Baltimore City

5. Full Name of Mother

Mary Lane

6. Mother's Maiden Name

Mary Linkhouse

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

George Lane

9. Father's Occupation

Laborer at B. & Ohio R. R.

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

H. J. Leman

Address

No. 135 W. McHenry St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No 1*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *the 3 of Oct*  
4. Place of Birth (Street and Number) *N. 1 School St*  
5. Full Name of Mother *Johanna Brunn*  
6. Mother's Maiden Name *Johanna Hanner*  
7. Mother's Birthplace *Germany*  
8. Full Name of Father *John Hanner*  
9. Father's Occupation *Sage*  
10. Father's Birthplace *Germany*  
Name of Medical Attendant, or other Person who makes this Return.  
Address *1618 S. Avenue*  
Remarks *197 - Harper's*

*1899*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-6
1. Sex (state whether Male or Female) Male Healthy
2. Race or Color (if not of the white race) white
3. Date of Birth Born on the 3rd of October 1879
4. Place of Birth (Street and Number) 201 Fred St.
5. Full Name of Mother Mrs. Hausman
6. Mother's Maiden Name Kate Rusig
7. Mother's Birthplace Germany
8. Full Name of Father Mr. Hausman
9. Father's Occupation Baker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs. Miller
- Address 1017 West Baltimore St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34023

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first the 1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Tuesday morning 3.45 P.m.*
4. Place of Birth (Street and Number) *434 Cross St near FACA*
5. Full Name of Mother *Miss Lizze Wolf*
6. Mother's Maiden Name *" " Schmalz*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Daniel Wolf*
9. Father's Occupation *Confectionary*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. George W. Waring*
- Address *8 Laverne street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

3740211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct 3<sup>rd</sup> 99*  
4. Place of Birth (Street and Number) *87 George*  
5. Full Name of Mother *Emma Seibel*  
6. Mother's Maiden Name *" Hannerwitzer*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *William Seibel*  
9. Father's Occupation *Book*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *D. H. Hambley Jr &*  
Address *207 W. Lombard*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *3rd of October*
4. Place of Birth (Street and Number) *64 Church St Baltimore*
5. Full Name of Mother *Georgiana Prout*
6. Mother's Maiden Name *georgiana Palmer*
7. Mother's Birthplace *Baltimore m d*
8. Full Name of Father *Alfred Prout*
9. Father's Occupation *Drayman*
10. Father's Birthplace *Trinidad*
- Name of Medical Attendant, or other person who makes this Return. *Hilley Gross*
- Address *181 York Street*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34026

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 7

1. Sex (state whether Male or Female) ... Male

2. Race or Color (if not of the white race) ... White

3. Date of Birth ... October 3<sup>rd</sup> 1879

4. Place of Birth (Street and Number) ... No 508 North Fremont Street

5. Full Name of Mother ... Katharina Karsuska

6. Mother's Maiden Name ... Karsuska

7. Mother's Birthplace ... Warrington

8. Full Name of Father ... Mathias Karsuska

9. Father's Occupation ... Butcher

10. Father's Birthplace ... Warrington

Name of Medical Attendant, or other Person who makes this Return ... E. Smith

Address ... No 479 Penna Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5th-  
Female  
White  
Oct 3d  
184 Bayford Ave  
Eliza Hoddinot-  
Burton  
Balt. Co  
J. Wesley Hoddinot-  
Blacksmith  
Balt. Co. Md

Wm Whitridge M.D.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34028

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October the 3<sup>rd</sup> 1879
4. Place of Birth, (Street and Number) 169 S Eden St
5. Full Name of Mother Elizabeth Gundlach
6. Mother's Maiden Name Waninger
7. Mother's Birthplace Germany
8. Full Name of Father Ernst Gundlach
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Louise Kraft
- Address 236 Canton Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34-029

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
male

Oct 6 . 95.

129. Camden Str.

Ida

Schlesinger

Germany.

Solomon Bornstein

Mech

Germany

R. Horowitz M.D.  
137 W Fayette St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34030  
34031



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Female Twins
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 3 October 74
4. Place of Birth (Street and Number) 104 N. D.
5. Full Name of Mother Barbara Cocart
6. Mother's Maiden Name Bresmann
7. Mother's Birthplace N. D.
8. Full Name of Father Christopher Cocart
9. Father's Occupation Bricklayer
10. Father's Birthplace N. D.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Para Casper
- Address 12 E. Lombard St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) black
3. Date of Birth 3
4. Place of Birth (Street and Number) 341 West St
5. Full Name of Mother Mary Cook
6. Mother's Maiden Name Mary Smith
7. Mother's Birthplace Calver County
8. Full Name of Father Allen Cook
9. Father's Occupation Barber
10. Father's Birthplace Calver County
- Name of Medical Attendant, or other Person who makes this return Cecilia Moore
- Address 112 Hill St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 3<sup>d</sup> 1879*
4. Place of Birth (Street and Number) *No 1 Ine Rame Court*
5. Full Name of Mother *Margaretha Reiz*
6. Mother's Maiden Name *Kitzinger*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *August. Reiz*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Dummer CC Librarian*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

340347  
FALIN DEPAR  
NOV  
f *Health.*  
BAL MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 1st*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *October the 3<sup>rd</sup>*  
 4. Place of Birth (Street and Number) *Fremont Street No. 228*  
 5. Full Name of Mother *Anna Spichkovich*  
 6. Mother's Maiden Name *Anna Haulsmann*  
 7. Mother's Birthplace *Germany, i. Bremen*  
 8. Full Name of Father *John T. E. Spichkovich*  
 9. Father's Occupation *Painter & Varinisher*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. J. R. Hines*  
 Address *8 Lawrence St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34035

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First born.*  
 1. Sex (state whether male or female) *Female.*  
 2. Race or Color (if not of the white race) *White.*  
 3. Date of Birth *October, The Third 1879.*  
 4. Place of Birth (Street and Number) *785 1/2 Baltimore st.*  
 5. Full Name of Mother *Mrs Mary Teresa Formley*  
 6. Mother's Maiden Name *Mary Teresa Dursley*  
 7. Mother's Birthplace *Chesapeake Washington Co Md.*  
 8. Full Name of Father *Matthew Formley*  
 9. Father's Occupation *Hardware Merchant*  
 10. Father's Birthplace *North of Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Hunter.*  
 Address *21, N. Carrollan St.*  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH.

341036

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 4 1879
4. Place of Birth (Street and Number) 69 N. Gilman St
5. Full Name of Mother Annie Gore
6. Mother's Maiden Name Annie Parker
7. Mother's Birthplace New York
8. Full Name of Father John Gore
9. Father's Occupation Book Agent
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. J. W. Hildner
- Address 1212 Hollenback St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34037

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White race

3. Date of Birth

Fourth of October

4. Place of Birth (Street and Number)

120 Greenmount Avenue

5. Full Name of Mother

Mrs. Martha A. Gisriel

6. Mother's Maiden Name

Martha A. Coyle

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Mr. John G. Gisriel

9. Father's Occupation

Brass Moulder

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sarah Woodon

Address

330 Asquith St

Remarks

In a healthy condition

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *October 4<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *No 273 Franklin Street*  
5. Full Name of Mother *Margreth Elisabeth Rothauge*  
6. Mother's Maiden Name *" " " Barthel*  
7. Mother's Birthplace *Washington D. C.*  
8. Full Name of Father *George Rothauge*  
9. Father's Occupation *Tinner*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter -*  
Address *21 N. Poppleton St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October Fourth 4, 1879*
4. Place of Birth (Street and Number) *No 464 Broadway Street*
5. Full Name of Mother *Katie Cook*
6. Mother's Maiden Name *Katie Rogers*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Lewis Cook*
9. Father's Occupation *Granite Stone Cutter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*
- Address *21 N. Bayreuther St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34041

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *4th October*
4. Place of Birth (Street and Number) *No 80 Essex*
5. Full Name of Mother *Mary Peters*
6. Mother's Maiden Name *Kapbach*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *David Peters*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Alleghenial*
- Name of Medical Attendant, or other Person who makes this Return. *Annie Lindner*
- Address *1045 S. Henriev St.*
- Remarks \_\_\_\_\_

That any physician, apothecary, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34641

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

OCT

1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ?
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 4 1879*
4. Place of Birth (Street and Number) *101 Wolf st*
5. Full Name of Mother *Georgia Clevath*
6. Mother's Maiden Name *Georgia Crisp*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *David Clevath*
9. Father's Occupation *house carpenter*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this return *Mary Conner 152*
- Address *Collington Avenue*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 3

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

color

3. Date of Birth

4. Place of Birth (Street and Number)

York St 160

5. Full Name of Mother

Eller Johnson

6. Mother's Maiden Name

7. Mother's Birthplace

Colbert county

8. Full Name of Father

Alford Johnson

9. Father's Occupation

Work for the dept

10. Father's Birthplace

Colbert county N. C.

Name of Medical Attendant, or other Person who makes this Return.

Mary Bennett

Address

51 Leadenhall St N. C.

Remarks

fair

# RETURN OF A BIRTH,

34043

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d  
Sex (state whether male or female) female  
Race or Color, (if not of the white race) white race  
Date of Birth October the 4<sup>th</sup>  
Place of Birth, (Street and Number) Baltimore Burch St No 2  
Full Name of Mother Mrs. Mary E. Brown  
Mother's Maiden Name Mrs. E. Walton  
Mother's Birthplace Baltimore  
Full Name of Father George Washington  
Father's Occupation lab. car  
Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Elizabeth H. H. H.  
Address No 42 Fort St  
Remarks



# RETURN OF A BIRTH,

34044

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d  
(state whether male or female) female  
or Color, (if not of the white race) white race  
Date of Birth October 14<sup>th</sup>  
Place of Birth, (Street and Number) Baltimore Burch St do 32  
Full Name of Mother Margaret Blanch  
Mother's Maiden Name Margaret Allen  
Mother's Birthplace Baltimore  
Full Name of Father Henry Blanch  
Father's Occupation laborer  
Father's Birthplace Concord Mass  
Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hartman  
Address No 42 Fort St  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

34045

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 4th October
4. Place of Birth (Street and Number) 37 Ford st
5. Full Name of Mother Catharine Markel
6. Mother's Maiden Name tonner
7. Mother's Birthplace Baltimore
8. Full Name of Father John Markel
9. Father's Occupation Salera
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley
- Address No 12 Patterson Park Rd
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

3404-6

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second  
Female.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 27. 1879.

4. Place of Birth (Street and Number)

N. Shroder St.

5. Full Name of Mother

Clara Kane

6. Mother's Maiden Name

Clara Stallings

7. Mother's Birthplace

Balto.

8. Full Name of Father

Cornelius J. Kane

9. Father's Occupation

Police Officer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Baltimore

Address

Q. St. S. E. D.

Remarks

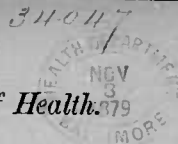
573 Lexington St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 4th 2:40 A.M.

4. Place of Birth (Street and Number)

at No 6 St. Peter St.

5. Full Name of Mother

Catharine Frances Scheidt

6. Mother's Maiden Name

Catharine Frances Lemers

7. Mother's Birthplace

Irout Royal Warren Co. N.Y.

8. Full Name of Father

August W.C.C. Scheidt

9. Father's Occupation

Pattern Carver

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this return.

Catharine Minch

Address

No 8 Leadenhall St.

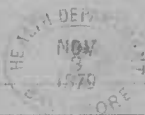
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34-0118

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
  2. Race or Color (if not of the white race) \_\_\_\_\_
  3. Date of Birth Oct 4. 1879
  4. Place of Birth (Street and Number) E. Lombard St No 363
  5. Full Name of Mother Walburga Ling
  6. Mother's Maiden Name Frank
  7. Mother's Birthplace Baltimore
  8. Full Name of Father Bernhart Ling
  9. Father's Occupation Cigar manufacturing
  10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Braunschweig
- Address South Wolf St No. 104
- Remarks W. E. Jones

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

3404-9

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Saturday October 4th 1879 1. A. M.

4. Place of Birth (Street and Number)

147 Russell Street

5. Full Name of Mother

Julia Annis Euler

6. Mother's Maiden Name

Bartels

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John Euler

9. Father's Occupation

Cooper

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. S. Brown

Address

St. Charles (Caroline Street)

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34030

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

OCT.  
11  
1879

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 5
4. Place of Birth (Street and Number) Church St. No 13
5. Full Name of Mother Catharine Goody
6. Mother's Maiden Name Catharine Richardson
7. Mother's Birthplace Mathews County
8. Full Name of Father Michael Goody
9. Father's Occupation Labour.
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. M. J. Goody
- Address 13 Church St.
- Remarks

and at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

341067

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth October 5. 1879
4. Place of Birth (Street and Number) 334. William St.
5. Full Name of Mother Anna Fuchs.
6. Mother's Maiden Name Anna Fitschen.
7. Mother's Birthplace Germany.
8. Full Name of Father Jakob F. Fuchs.
9. Father's Occupation Goldsmith.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. Wm. C. May
- Address 131 Balder St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34052

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 5th

4. Place of Birth (Street and Number)

Maternity 163 W. Lombard St.

5. Full Name of Mother

Mary Smith

6. Mother's Maiden Name

W.A.

7. Mother's Birthplace

unknown

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. Brankham M.D.

Address

163 W. Lombard St.

Remarks

mother and child are doing

well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34053

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.  
1. Sex (state whether Male or Female) Male.  
2. Race or Color (if not of the white race) White.  
3. Date of Birth Oct 5. 1879.  
4. Place of Birth (Street and Number) 83 N. Pine.  
5. Full Name of Mother Lucy Ella Walker.  
6. Mother's Maiden Name Warwick.  
7. Mother's Birthplace Virginia.  
8. Full Name of Father John Walker.  
9. Father's Occupation Huckster.  
10. Father's Birthplace Maryland.  
Name of Medical Attendant, or other Person who makes this Return. Dr. H. P. Morgan.  
Address 125 S. Carroll St.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

340574  
OCT 10 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first  
Female  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 5 1879

4. Place of Birth (Street and Number)

7 south Bond Street

5. Full Name of Mother

Mollie E. Glasp

6. Mother's Maiden Name

Mollie E. White

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Robert S. Glasp

9. Father's Occupation

Shirt Cutter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Amanda Mearns

Address

378 East Monument

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34055

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October the 5, 1879*

4. Place of Birth (Street and Number) *A. Dallas St. No 46,*

5. Full Name of Mother *Henriette Schäfer*

6. Mother's Maiden Name *Henriette Gärtner*

7. Mother's Birthplace *Klausthal, N. Prussen, Germany*

8. Full Name of Father *Friedrich Schäfer*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Echzell, Gr. Hessen, Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Mary E. Müller*

Address *A. Dallas St. No 46,*

Remarks

That any physician, accoucheur, midwife, or other person in charge, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating fully the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

34056

SEP

OCT

1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

this is the 6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Oct 11 1879

4. Place of Birth (Street and Number)

72 Mountgomery St

5. Full Name of Mother

Sarah Brown

6. Mother's Maiden Name

Sarah Ringold

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Samuel Ringold

9. Father's Occupation

Brickyard

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

George Ann Burton

Address

Remarks

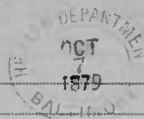


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) Amlatto  
 3. Date of Birth Oct 5th 1879  
 4. Place of Birth (Street and Number) 249 Orleans  
 5. Full Name of Mother Hester Benwell  
 6. Mother's Maiden Name Virginia Sutton  
 7. Mother's Birthplace Virginia  
 8. Full Name of Father Virginia Benwell  
 9. Father's Occupation Waiter  
 10. Father's Birthplace Virginia  
 Name of Medical Attendant, or other Person who makes this Return. D. W. Gathers  
 Address 249 Orleans  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 5
4. Place of Birth (Street and Number) Y. M. C. A. Street 46
5. Full Name of Mother Emma Prisson
6. Mother's Maiden Name Hecker
7. Mother's Birthplace Baltimore
8. Full Name of Father John Prisson
9. Father's Occupation Cannemaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address 1070 Grand St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34060

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *October 5th 1879*  
4. Place of Birth (Street and Number) *No. 261 McEldon Street*  
5. Full Name of Mother *Fannie Hood Pons*  
6. Mother's Maiden Name *Fannie Hood*  
7. Mother's Birthplace *Prince Edward Co. Virginia*  
8. Full Name of Father *Charles Pons*  
9. Father's Occupation *Rain Commission Merchant*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *H. H. Wilson Jr. M.D.*  
Address *146 Park Avenue*  
Remarks

\* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth Oct 5<sup>th</sup> 1879

4. Place of Birth (Street and Number) 423 N Central Avenue

5. Full Name of Mother Birdsell Chason Brooks

6. Mother's Maiden Name Birdsell Chason

7. Mother's Birthplace Baltimore

8. Full Name of Father Edwin B. Brooks

9. Father's Occupation Druggist

10. Father's Birthplace Haverhill Mass

Name of Medical Attendant, or other Person who makes this Return. W. Winston M.D.

Address 23 N. Calhoun St

Remarks Natural Labor - 21 hours duration

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34062

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct. 5th 1879*  
4. Place of Birth (Street and Number) *No. 75 N. Pine St.*  
5. Full Name of Mother *Mrs. Elizabeth Chandler*  
6. Mother's Maiden Name *Hamilton*  
7. Mother's Birthplace *Philadelphia. Pa*  
8. Full Name of Father *Thomas Mitchell Chandler*  
9. Father's Occupation *Carnage Builder*  
10. Father's Birthplace *Accomac Co. Va*  
Name of Medical Attendant, or other Person who makes this Return.  
Address *Wm. Murray M.D. Dublin*  
Remarks *308 W. Fayette St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

341063  
Omn

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

Name: Mary Louise Willard 4<sup>th</sup> Child  
 No. of Child of Mother (state whether 1st, 2d, 3d, &c.)  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Oct. 5<sup>th</sup> 3.30 A.M.  
 4. Place of Birth (Street and Number) 145 Sharp St  
 5. Full Name of Mother Mary E. Willard  
 6. Mother's Maiden Name Harding  
 7. Mother's Birthplace City of Frederick - Md.  
 8. Full Name of Father George J. Willard  
 9. Father's Occupation Salesman  
 10. Father's Birthplace County of Frederick - Md  
 Name of Medical Attendant, or other Person who makes this Return M. R. Jaeger.  
 Address 524 Columbia St  
 Remarks Vertex pres. occiput 2. acet. Labor 5 hours -  
child well formed

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34064

OCT  
14  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 5th 1879

4. Place of Birth (Street and Number)

309 Park St

5. Full Name of Mother

Anna E. Hessemann

6. Mother's Maiden Name

" Kemp City

7. Mother's Birthplace

8. Full Name of Father

Peter Hessemann

9. Father's Occupation

Sugar maker

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betsy

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34065



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 5th 1879

4. Place of Birth (Street and Number)

436 E. Exeter St

5. Full Name of Mother

Mary E. Bayly

6. Mother's Maiden Name

Howard

7. Mother's Birthplace

Washington D.C.

8. Full Name of Father

Chas B. Bayly

9. Father's Occupation

Clerk

10. Father's Birthplace

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

A. H. White, M.D.

Address

341 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 10 October*
4. Place of Birth (Street and Number) *67 South Radnor Alley*
5. Full Name of Mother *Rebecca Decker*
6. Mother's Maiden Name *Baker*
7. Mother's Birthplace *Great Britain*
8. Full Name of Father *John Decker*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Carter*
- Address *57 S. Radnor Alley*
- Remarks *Good health*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th child

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

5th October 1879

4. Place of Birth (Street and Number)

9th May St 268

5. Full Name of Mother

Louise Ebert

6. Mother's Maiden Name

Louise Long

7. Mother's Birthplace

Kersfeld, Germany

8. Full Name of Father

Johann Friedrich Ebert

9. Father's Occupation

Tailor

10. Father's Birthplace

Lohrhausen, Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Hainford

Address

224 W. Fayette Street

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

341068  
(over)

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. October 7<sup>th</sup> 1879.

- Name of Child: Margaret Kapp  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth October 5<sup>th</sup> 1879  
4. Place of Birth (Street and Number) 319 Bond St.  
5. Full Name of Mother Lizzie Kapp  
6. Mother's Maiden Name Lizzie Amend  
7. Mother's Birthplace Germany  
8. Full Name of Father Henry Kapp  
9. Father's Occupation Barber  
10. Father's Birthplace Germany  
Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend  
Address No. 137 N. Hollis St.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth *October 5<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *West Hill 1-50.*  
5. Full Name of Mother *Louisa Brown*  
6. Mother's Maiden Name *Louisa Brown*  
7. Mother's Birthplace *Baltimore, Md.*  
8. Full Name of Father *John Smith*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Baltimore, Md.*  
Name of Medical Attendant, or other Person who makes this Return. *Louisa Brown*  
Address *112 114 Battery St.*  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereon, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34470  
BALTIMORE  
1909

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4<sup>th</sup>)*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct 5<sup>th</sup> 1889*  
4. Place of Birth (Street and Number) *178 Harford Ave*  
5. Full Name of Mother *Laura E. Winter*  
6. Mother's Maiden Name *" " Club*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *Geo H. Winter*  
9. Father's Occupation *Butcher*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return *Megina A Winter*  
Address *178 Harford Ave*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34071

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

HEALTH DEPT  
NOV  
3  
1879  
408

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
  2. Race or Color (if not of the white race)
  3. Date of Birth Sept 5, 1879
  4. Place of Birth (Street and Number) C. Schappelstr 96.
  5. Full Name of Mother Augusta Schneider
  6. Mother's Maiden Name Schriefer
  7. Mother's Birthplace Baltimore
  8. Full Name of Father Johann Schneider
  9. Father's Occupation Tinner
  10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. Sch. Maupach  
Address C. Wolfstr 40 1st  
Remarks Wm. Sch. Maupach

# RETURN OF A BIRTH.

34072

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Third  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 6th

4. Place of Birth (Street and Number)

N. Calvert St  
Ella Easter

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Rogers  
Baltimore  
Stacy Easter  
Merchant  
Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Riggin Puckler  
135 N. Charles

# RETURN OF A BIRTH.

34073

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth 6 October

4. Place of Birth (Street and Number) Bal Brammum art

5. Full Name of Mother Henry & Gossam

6. Mother's Maiden Name Henry & Gossam

7. Mother's Birthplace Baltimore

8. Full Name of Father Sam Gossam

9. Father's Occupation Cyber Shop

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marj Chase

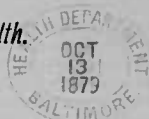
Address 106 Brammum art

Remarks col

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, and the residence of the mother.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



8th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 6th 1879

4. Place of Birth (Street and Number)

No 77 Grindell st

5. Full Name of Mother

Helen Rinsheim

6. Mother's Maiden Name

Helen Smith

7. Mother's Birthplace

Germany

8. Full Name of Father

John Rinsheim

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Catherine Horner

Address

No 106 West st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34073

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1st October*
4. Place of Birth (Street and Number) *21 North Chapel Street*
5. Full Name of Mother *Annelle Schreyer*
6. Mother's Maiden Name *Annelle Schreyer*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *John Schreyer*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Schenectady County*
- Name of Medical Attendant, or other Person who makes this Return. *Ursula Knapp*
- Address *21 North Chapel Street for Justice Knapp*
- Remarks *Healthy*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34076

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup> Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *6<sup>th</sup> October*
4. Place of Birth (Street and Number) *31. Potomac St*
5. Full Name of Mother *Mary Simmons*
6. Mother's Maiden Name *Mary Hays*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Michael Simmons*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Larkin*
- Address *168 Chesapeake St*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34077

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

OCT  
10  
1879  
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 8th 1879

4. Place of Birth (Street and Number)

2308 N. Lawrence

5. Full Name of Mother

Mrs. Louisa Gibbs

6. Mother's Maiden Name

Mrs. Louisa Dippenderfer

7. Mother's Birthplace

Washington City

8. Full Name of Father

John W. Gibbs

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

W. H. O. Wilson Jr. M.D.

Address

146 Park Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 second child  
 1. Sex (state whether Male or Female) male child  
 2. Race or Color (if not of the white race) calas  
 3. Date of Birth 6 October  
 4. Place of Birth (Street and Number) 127 7ime street  
 5. Full Name of Mother ~~Alberia Lee~~ Alberia Jackson  
 6. Mother's Maiden Name ~~Baltimore City~~ Alberia Lee  
 7. Mother's Birthplace Baltimore City  
 8. Full Name of Father William Jackson  
 9. Father's Occupation barber  
 10. Father's Birthplace armenal co  
 Name of Medical Attendant, or other Person who makes this Return Catzen rilm  
 Address 24 Walker street  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 6
4. Place of Birth (Street and Number) 46 Hillen St
5. Full Name of Mother Agnes McBarty
6. Mother's Maiden Name Goley
7. Mother's Birthplace Massachusetts
8. Full Name of Father Lawrence McBarty
9. Father's Occupation Painter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Anna T. Chrismer
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Over*  
**RETURN OF A BIRTH.**

311030

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup> Child*

1. Sex (state whether male or female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 1<sup>st</sup>, 1879*
4. Place of Birth (Street and Number) *Pink Lane, near Harford St., no number*
5. Full Name of Mother *Katharina (Margaret) Mayfort*
6. Mother's Maiden Name *Katharina Vnayer*
7. Mother's Birthplace *Wippenheim, Gr. Baden, Germany*
8. Full Name of Father *Martin (Margaret) Mayfort*
9. Father's Occupation *Bulcher*
10. Father's Birthplace *Eckershausen, W. Sachsen - Germany*

Name of Medical Attendant, or other Person who makes this return. *Mary E. Muller*

Address *N. Dallas St. N. 426.*

Remarks *Full name of child - Emma Matilda Mayfort*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male 1

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Baltimore 6 October 1879.

4. Place of Birth (Street and Number)

Baltimore 114 Ridgely St.

5. Full Name of Mother

Leaura Ebers

6. Mother's Maiden Name

Leaura Collins

7. Mother's Birthplace

Washington

8. Full Name of Father

Harry Ebers

9. Father's Occupation

Plasterer

10. Father's Birthplace

Philadelphia

Name of Medical Attendant, or other Person who makes this return

M. Dr. M. Chaffer

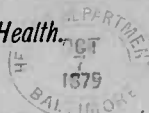
Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



340821

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13<sup>th</sup> Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 4<sup>th</sup>

4. Place of Birth (Street and Number)

Balto Crook St. No.

5. Full Name of Mother

Catharine Amelia Walburn

6. Mother's Maiden Name

Catharine Amelia Shuck

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Samuel S. Walburn

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Estlin

Address

Cuba St. Locust Point

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

314083

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Light Complexion*
3. Date of Birth *October 6<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *# 71 Hargrove Alley*
5. Full Name of Mother *Annie Collins*
6. Mother's Maiden Name *" Snowden*
7. Mother's Birthplace *Montgomery Co Md.*
8. Full Name of Father *Christopher Collins*
9. Father's Occupation *Brickmaker*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Anelia Johnson*
- Address *# 6 Hamilton St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 6 October 1879
4. Place of Birth (Street and Number) 52 Lombard St
5. Full Name of Mother Luise Martin
6. Mother's Maiden Name Kimmel
7. Mother's Birthplace N D
8. Full Name of Father George Martin
9. Father's Occupation Workman
10. Father's Birthplace N D
- Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Cooper
- Address 52 Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34085

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd  
first female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White  
out 6th

3. Date of Birth

179  
Barney D.

4. Place of Birth (Street and Number)

# 66

5. Full Name of Mother

Rosa Stern

6. Mother's Maiden Name

Rosa Stern

7. Mother's Birthplace

Virginia

8. Full Name of Father

Hy E Stern

9. Father's Occupation

Merchant

10. Father's Birthplace

Russia

Name of Medical Attendant, or other Person who makes this Return.

Abraham B. Appow  
22 W 7th

Address

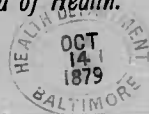
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

344086

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 6<sup>th</sup> 1879

4. Place of Birth (Street and Number)

144 Eastern Ave

5. Full Name of Mother

Wilhelmina Huebner

6. Mother's Maiden Name

"

Stetter

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Huebner

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34087

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

HEALTH DEPARTMENT  
OCT 21 1879  
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 6th Oct 79  
 4. Place of Birth (Street and Number) 58 N. Pratt  
 5. Full Name of Mother Mary Krum  
 6. Mother's Maiden Name " Kausmiller  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father Louis P. Krum  
 9. Father's Occupation Cigar Maker  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Augustus M. Dodge M.D.  
 Address 291 N. Pratt St  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34088

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

OCT.  
25.  
1899  
IMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth October. 6 1899
4. Place of Birth (Street and Number) 180 Boyd street
5. Full Name of Mother Caroline. Wilhelmine. Eleonore. Emme.
6. Mother's Maiden Name Clausing
7. Mother's Birthplace Bremen. Germany
8. Full Name of Father Heinrich Dietrich Cristoff Emme
9. Father's Occupation Fresco Painter
10. Father's Birthplace Westphalen in Prussia. Germany.
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address 1000 Duane St. Schuylkr
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34-089

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 1<sup>st</sup> 1879

4. Place of Birth (Street and Number)

81 Biddle near Washington

5. Full Name of Mother

Elizabeth A. Fordnick

6. Mother's Maiden Name

" " Arthur

7. Mother's Birthplace

New Orleans

8. Full Name of Father

Louis Fordnick

9. Father's Occupation

Painter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. H. White, M.D.

Address

34 & N. Broadway

Remarks

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34090

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 6. 1879
4. Place of Birth (Street and Number) No 20 N. Front St
5. Full Name of Mother Hannah Becker,
6. Mother's Maiden Name Hannah Rosenfeld
7. Mother's Birthplace Maryland
8. Full Name of Father Isadore Becker
9. Father's Occupation Clothier
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. W. Honck M.D.
- Address 73 E. Balt. St.,
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34091  
BALTIMORE  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 6th of October 1879
4. Place of Birth (Street and Number) 40 Prattford St
5. Full Name of Mother Maggie Gertrich
6. Mother's Maiden Name Popp
7. Mother's Birthplace Germany
8. Full Name of Father John Gertrich
9. Father's Occupation laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley
- Address No 12 Pattersons Purbit A
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34092

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 16 of October 1879
4. Place of Birth (Street and Number) 30 Burk St
5. Full Name of Mother Kristina Shriver
6. Mother's Maiden Name Leana
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Shriver
9. Father's Occupation Sailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Alfred Wiley
- Address No 12 Patterson Park
- Remarks

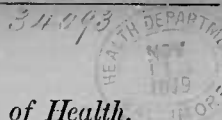
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 6th*
4. Place of Birth (Street and Number) *396 Lexington St*
5. Full Name of Mother *Lizette Waltruf*
6. Mother's Maiden Name *Lizette Meyer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *B. W. Waltruf*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Julius J. Perkins*
- Address *No. 42 Cathedral St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 6<sup>th</sup> 77*
4. Place of Birth (Street and Number) *Balcher av. #20*
5. Full Name of Mother *Mary Kilborn*
6. Mother's Maiden Name *Weber*
7. Mother's Birthplace *Baltimore & St. Mary's Harbor*
8. Full Name of Father *Henry Kilborn*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Kirk*
- Address *328 L. E. Lane*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 6th '99
4. Place of Birth (Street and Number) 163 1/2 Mulberry St.
5. Full Name of Mother Annie S. Myers.
6. Mother's Maiden Name Annie S. John.
7. Mother's Birthplace Ind.
8. Full Name of Father Charles H. Myers.
9. Father's Occupation Black
10. Father's Birthplace Ind.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Keller, Mrs.
- Address 89 N. Greene St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth 4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 6 1889

4. Place of Birth (Street and Number)

189, Farrest St

5. Full Name of Mother

Rosanna L. Foster

6. Mother's Maiden Name

" " Cook

7. Mother's Birthplace

Shrewsbury Pa

8. Full Name of Father

William Foster

9. Father's Occupation

Laborer

10. Father's Birthplace

Huntington Pa

Name of Medical Attendant, or other Person who makes this Return.

Regina D. Winkler

Address.

178 Harford Ave

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34097

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup> Child*
1. Sex (state whether ~~male~~ or female)
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *October 12<sup>th</sup> 1879.*
  4. Place of Birth (Street and Number) *E. Broadway No. 140.*
  5. Full Name of Mother. *Margaretha Cunzmann*
  6. Mother's Maiden Name. *Margaretha Hammann*
  7. Mother's Birthplace *Hepesary, W. Wurtemberg, Germany*
  8. Full Name of Father. *Johann A. Cunzmann*
  9. Father's Occupation *Tinner*
  10. Father's Birthplace *Okerforscheutz, W. Prussia, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*
- Address *N. Dallas St. No. 26.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

5 A.M. October 7<sup>th</sup> 1879  
81 South Ann St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary E. Pumbleson  
Mary E. Gayle

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore City  
Robert H. Pumbleson  
Paper hanger

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Baltimore City  
Charles H. Thomas M.D.  
85 E. Baltimore St.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- 34099
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 7 - 1879*
4. Place of Birth (Street and Number) *No. 280 Cross St*
5. Full Name of Mother *Mathilda Mitchell*
6. Mother's Maiden Name *Wenderson*
7. Mother's Birthplace *America*
8. Full Name of Father *John Mitchell*
9. Father's Occupation *Finer*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *J. Sawyer midwife*
- Address *330 Hanover St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 7th 1879*
4. Place of Birth (Street and Number) *No. 276 Sharp st*
5. Full Name of Mother *Kathryn Stimpert*
6. Mother's Maiden Name *Perinings*
7. Mother's Birthplace *America*
8. Full Name of Father *Gustav Stimmel*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Hoffmeister midwife*
- Address *330 Hanover st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *female Child*
2. Race or Color (if not of the white race) *Colored here*
3. Date of Birth *October the 7-18-79*
4. Place of Birth (Street and Number) *125 Orleans St Baltimore Md*
5. Full Name of Mother *Messiter Borne*
6. Mother's Maiden Name *Messiter Lee*
7. Mother's Birthplace *Dorchester County Md*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Woolford*
- Address *130 Regester St Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar infore said, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34102



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

Male  
White

2. Race or Color (if not of the white race)

3. Date of Birth

October 1. 18

4. Place of Birth (Street and Number)

58 Bank st

5. Full Name of Mother

Sarah Dunphy

6. Mother's Maiden Name

Sarah Pearson

7. Mother's Birthplace

Ireland

8. Full Name of Father

Patrick Dunphy

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Eliza Fleming

Address

No 75 Albemarle st

Remarks

healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34103

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 7th of October
4. Place of Birth (Street and Number) 102 Central Avenue
5. Full Name of Mother Katie Reis
6. Mother's Maiden Name Katie Fortenbach
7. Mother's Birthplace Baltimore
8. Full Name of Father John Reis
9. Father's Occupation Labor Work
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No 10 Granby St.
- Remarks

# RETURN OF A BIRTH,

34104

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. *of* Child of Mother, (state whether 1st, 2d, 3d, &c.) *once*
2. Sex (state whether male or female) *female*
3. Race or Color, (if not of the white race) *white race*
4. Date of Birth *October the 4<sup>th</sup>*
5. Place of Birth, (Street and Number) *Cockeys <sup>St</sup> 184 against fair*
6. Full Name of Mother *Ida Mable*
7. Mother's Maiden Name *Ida Waller*
8. Mother's Birthplace *Baltimore*
9. Full Name of Father *Daniel Mable*
10. Father's Occupation *iron roller*
11. Father's Birthplace *Calverton Md*
12. Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Hubbard*
13. Address *part of it do you*
14. Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days after the date of birth, sex, and color of the child or children born, its or their name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 7 October
4. Place of Birth (Street and Number) Baltimore City 201 Johnson St
5. Full Name of Mother Mariah Ellen Thumalat
6. Mother's Maiden Name Mariah Ellen Holmes
7. Mother's Birthplace Baltimore City
8. Full Name of Father John H Thumalat
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Elisabeth E. Wells
- Address 68 Fort St
- Remarks Doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34106

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

Anna Maud Watter



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Oct. 1-79 128 Harkness Ave -  
4. Place of Birth (Street and Number) 128 Harkness Ave -  
5. Full Name of Mother Emily J. Watter  
6. Mother's Maiden Name " Parish  
7. Mother's Birthplace Balto. Md  
8. Full Name of Father Lewis E. Watter  
9. Father's Occupation Salesman  
10. Father's Birthplace Balto. Co. Md  
Name of Medical Attendant, or other Person who makes this Return J. W. King  
Address 702 Edmondson Ave  
Remarks GIVEN NAME ADDED 3-19-54  
L.M.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

Over

341107

To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.



Name: Catherine Rebecca Harman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

7th Oct - 1879

4. Place of Birth (Street and Number)

No 37 Amity st

5. Full Name of Mother

Mrs Edward Harman

6. Mother's Maiden Name

Rosa Wagner

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Edward Harman

9. Father's Occupation

Laborer

10. Father's Birthplace

Anne Arundel, Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Seebach

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

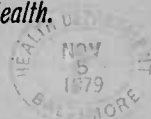
8<sup>th</sup>  
Female  
White  
Oct 7<sup>th</sup> / 79.  
28<sup>th</sup> Howard St.  
Dorothea Mangumyer.  
Dr. Sister  
Baltw. City  
Rev. Jacob Pistor  
Teacher  
Germany  
Mary Wall  
25 McCardwell  
Baltw. City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34109

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
October 7th-1879  
11216 N. Broadway  
Chloe Rebecca Bremer  
" " Campbell  
St Mary's Co, Md.  
J. E. Bremer  
Sailor  
St Mary's Co, Md.  
W. H. White, M.D.  
341 N. Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 7th 1879

4. Place of Birth (Street and Number)

170 S. Leonard St

5. Full Name of Mother

Addie J. Smith

6. Mother's Maiden Name

Addie J. Taylor

7. Mother's Birthplace

England

8. Full Name of Father

Wm. C. Smith

9. Father's Occupation

Machinist

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cook M.D.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

October 7. 1879

4. Place of Birth, (Street and Number)

No 124 N Bethel St

5. Full Name of Mother

Sarah Sauerwald

6. Mother's Maiden Name

Sarah Lock

7. Mother's Birthplace

Maryland

8. Full Name of Father

William Sauerwald

9. Father's Occupation

Basket Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Mary A Caldwell

Address

286 N Trench St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 7th
4. Place of Birth (Street and Number)	124 Park Ave.
5. Full Name of Mother	Mollie P. Garland
6. Mother's Maiden Name	Mollie P. Conners
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Spottswood Garland
9. Father's Occupation	Attorney
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	John P. Conners
Address	No. 2 Cathedral St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) 2. Male
2. Race or Color (if not of the white race) White
3. Date of Birth October th 7 1877
4. Place of Birth (Street and Number) 139 Stricker st Baltimore
5. Full Name of Mother Mary M Fay
6. Mother's Maiden Name Mary M Ross
7. Mother's Birthplace Baltimore M D
8. Full Name of Father John Fay
9. Father's Occupation Cane maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs S Luburger
- Address 792 Pratt st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup> Child
1. Sex (state whether ~~Male~~ or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 7<sup>th</sup> 1879
4. Place of Birth (Street and Number) # 251 St. Paul St
5. Full Name of Mother Mrs. Samuel J. Hough
6. Mother's Maiden Name Elizabeth Edwards
7. Mother's Birthplace Balti
8. Full Name of Father Samuel J. Hough
9. Father's Occupation Barber
10. Father's Birthplace Balti
- Name of Medical Attendant, or other Person who makes this Return. Christopher S. Longmaid
- Address no 82 Franklin
- Remarks Natural Labor
- \* 6<sup>th</sup> Child (Report overlooked) born March 7<sup>th</sup> 1877 - Female

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *J.H.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 8th 1879*
4. Place of Birth (Street and Number) *#315 East St. Ave*
5. Full Name of Mother *C. W. B. Stahl*
6. Mother's Maiden Name *C. W. Brouderwald*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Fred C. Stahl*
9. Father's Occupation *grocer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary E. James*
- Address *#171 Washington St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> 1879.*
1. Sex (state whether Ma'e or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 8<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *No. 63 Bond.*
5. Full Name of Mother *Virginia Elizabeth Warnicke*
6. Mother's Maiden Name *Gallagher*
7. Mother's Birthplace *Balto. Md.*
8. Full Name of Father *Charles H. Warnicke*
9. Father's Occupation *Cooper.*
10. Father's Birthplace *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Francis A. Sauer M. D.*  
*105 N. Central Ave.*

at the birth. Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise thereafter, stating child, within the City of Baltimore, shall report to the registrar aforesaid, within six days condition, whether still born, the date of birth, sex, and color of the child or children born, its or their physical name of the mother of such child of the full name, nativity, and residence of the parents, and the maiden

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1 Sex (state whether male or female) Female

2 Race or Color, (if not of the white race) Colored

3 Date of Birth Born Oct 8<sup>th</sup>

4 Place of Birth, (Street and Number) Baltimore 276 Mount Vernon

5 Full Name of Mother Frances Hays

6 Mother's Maiden Name W. Barry

7 Mother's Birthplace Baltimore

8 Full Name of Father John W. King

9 Father's Occupation Laborer

10 Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 299 Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Lebonnet*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *October 8th 19*
4. Place of Birth (Street and Number) *No 9 Wilmore St*
5. Full Name of Mother *Jane Smith*
6. Mother's Maiden Name *Jane Johnson*
7. Mother's Birthplace *Barrel Co*
8. Full Name of Father *Sidney Smith*
9. Father's Occupation *Dryman*
10. Father's Birthplace *Eastern Shore MD*
- Name of Medical Attendant, or other Person who makes this Return. *C. V. Asser*
- Address *255 West Balowry st*
- Remarks *Born viable ~~not~~ not Expecting it to*  
*Live*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34119

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2<sup>d</sup>
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct. 8. 1879.
4. Place of Birth (Street and Number) 305 Park ave
5. Full Name of Mother Ida J. Harris
6. Mother's Maiden Name Green
7. Mother's Birthplace md
8. Full Name of Father Richard H. H.
9. Father's Occupation musician and clerk
10. Father's Birthplace md
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34120

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT  
10  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*

1. Sex (state whether male or female) *male Child*
  2. Race or Color (if not of the white race) *Colored free*
  3. Date of Birth *October the 8-18-79*
  4. Place of Birth (Street and Number) *no 16 Durham st Baltimore md*
  5. Full Name of Mother *Lury Balart*
  6. Mother's Maiden Name *Lury Johnson*
  7. Mother's Birthplace *Essex Virginia*
  8. Full Name of Father *Leven Balart*
  9. Father's Occupation *Labor*
  10. Father's Birthplace *Archersboro County md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Warford*
- Address *130 Regester St Baltimore md*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34121

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup> Child*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct. 8<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *23 1/2 St. Lombard*  
5. Full Name of Mother *May Timmerman*  
6. Mother's Maiden Name *" Söhlinghoff*  
7. Mother's Birthplace *Germany*  
8. Full Name of Father *Fr. Wm. Timmerman*  
9. Father's Occupation *Shoemaker*  
10. Father's Birthplace *Germany*  
Name of Medical Attendant, or other Person who makes this return *R. J. H. Tall, M.D.*  
Address *152 Sharp St.*  
Remarks *Premature, being about 7 mo. pregnant.  
Case of twins. The other child living.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 1*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *October the 8*
4. Place of Birth (Street and Number) *Sharp Street no 45*
5. Full Name of Mother *hairitt tommas*
6. Mother's Maiden Name *hairitt white*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *M. William. h tommas*
9. Father's Occupation *oyster drucker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Ellen Stubbs*
- Address *42 Sharp St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Octbr. 8 d. 1879
4. Place of Birth (Street and Number) 364 E. Meadman St.
5. Full Name of Mother Luisa Reinhard
6. Mother's Maiden Name Kunrad Kunrad
7. Mother's Birthplace Baltimore
8. Full Name of Father Kunrad Reinhard
9. Father's Occupation Brecker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mr. R. Radtger
- Address 134 E. Bond St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34124

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 d.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Oct. 8 1 1879*
4. Place of Birth (Street and Number) *6 Andover St.*
5. Full Name of Mother *Kathrine Zillinger*
6. Mother's Maiden Name *Kath. Hundstorfer*
7. Mother's Birthplace *Germane*
8. Full Name of Father *Andreas Zillinger*
9. Father's Occupation *Schumacher*
10. Father's Birthplace *Germane*
- Name of Medical Attendant, or other Person who makes this Return. *M. R. Rudiger*
- Address *134 S. Bond St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

34125

OCT  
11  
1879

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) African
3. Date of Birth 8th October
4. Place of Birth (Street and Number) West street 398
5. Full Name of Mother Mrs Sarah Johnson
6. Mother's Maiden Name Sarah Howard
7. Mother's Birthplace Baltimore
8. Full Name of Father Sarah Johnson
9. Father's Occupation labor
10. Father's Birthplace Colvert - Co
- Name of Medical Attendant, or other Person who makes this Return. Julia A Johnson
- Address West St - No 400
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34126

OCT  
11  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Oct. 8<sup>th</sup> 1879. No. 485*
4. Place of Birth (Street and Number) *No. 485 N. Fremont St.,*
5. Full Name of Mother *Susan Inemer.*
6. Mother's Maiden Name *Brown.*
7. Mother's Birthplace *Balto. City, Md.*
8. Full Name of Father *Henry Clay Inemer*
9. Father's Occupation *Book-Binder*
10. Father's Birthplace *Baltimore City, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Louis W. Knight M.D.*
- Address *112 N. Greene*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

311137



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct. 8 d. 1879
4. Place of Birth (Street and Number) Kastel between Chene and Matison Sts.
5. Full Name of Mother Lisete Vallendeim
6. Mother's Maiden Name Lisete Rukling
7. Mother's Birthplace German
8. Full Name of Father Anden Vallendeim
9. Father's Occupation Butcher
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Mr. R. Rudiger
- Address 134 Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34128

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) color
3. Date of Birth 8 of October
4. Place of Birth (Street and Number) 226 Sharpe
5. Full Name of Mother Lucide Sander
6. Mother's Maiden Name Lucide Junbn
7. Mother's Birthplace for former country
8. Full Name of Father Albert J. Sander
9. Father's Occupation Oyster Shark
10. Father's Birthplace fed. Berk. former
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. Cross
- Address 181 York St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

No 10 Chappel str

4. Place of Birth (Street and Number)

Oct 8<sup>th</sup> 1879

5. Full Name of Mother

Maria Fisher

6. Mother's Maiden Name

" Ulrich

7. Mother's Birthplace

City

8. Full Name of Father

John Fisher  
Laborer

9. Father's Occupation

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabetha Betz  
245 Canton Ave

Address

Remarks

# RETURN OF A BIRTH.

34130

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth Oct 8th  
 4. Place of Birth (Street and Number) 283 Battery Avenue Baltimore  
 5. Full Name of Mother Hannah Schuatenland  
 6. Mother's Maiden Name Hannah Donovan  
 7. Mother's Birthplace Ireland  
 8. Full Name of Father Benard Schuatenland  
 9. Father's Occupation Shoe Maker  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Mrs Conway  
 Address 131 Battery Avenue  
 Remarks fine healthy child



advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

October 8<sup>th</sup> 1879

4. Place of Birth (Street and Number)

419 Hamburg Str.

5. Full Name of Mother

Henrietta F. Knorr

6. Mother's Maiden Name

F. Müller

7. Mother's Birthplace

Osterode a/H. Germany

8. Full Name of Father

Louis H. Knorr

9. Father's Occupation

Locksmith

10. Father's Birthplace

Rosenberg W. Pr. Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Home 1 under 60 Schroder St

Remarks

OCT 25 1879



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34132

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 8<sup>th</sup> 1899*
4. Place of Birth (Street and Number) *N 374 Park Ave*
5. Full Name of Mother *Florena Meyer*
6. Mother's Maiden Name *Florena Stillman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Adolph Carl Meyer*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Primer Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. K. H. M. D.*
- Address *N 114 Park Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 8th 1879*
4. Place of Birth (Street and Number) *No. 170 Scott St*
5. Full Name of Mother *Kate Min*
6. Mother's Maiden Name *" Dixon*
7. Mother's Birthplace *Baltimore County Md*
8. Full Name of Father *Jas. C. Min*
9. Father's Occupation *Carpenter & Master*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. Blake, M.D.*
- Address *133 Scott St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3111311

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *215*
4. Place of Birth (Street and Number) *Henrietta St*  
*Oct 8th*
5. Full Name of Mother *Mrs. Holland*
6. Mother's Maiden Name *Schmidt*
7. Mother's Birthplace *Balto md*
8. Full Name of Father *Fred Holland*
9. Father's Occupation *Pruner*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Kroh*
- Address *328 S Eutan St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct. 8th 1879*
4. Place of Birth (Street and Number) *61 Leadenhall street*
5. Full Name of Mother *Bernhardina Beebe*
6. Mother's Maiden Name *Knapp*
7. Mother's Birthplace *Hanover*
8. Full Name of Father *Joseph Beebe*
9. Father's Occupation
10. Father's Birthplace *Hanover*
- Name of Medical Attendant, or other Person who makes this Return. *Self*
- Address *Mrs. Knapp 8 Leadenhall st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

54136  
HEALTH DEPT. BALTIMORE  
NGV  
8  
1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 8<sup>th</sup> of October
4. Place of Birth (Street and Number) 96 Leadenhall St.
5. Full Name of Mother Caroline Wolf
6. Mother's Maiden Name Caroline Schaefer
7. Mother's Birthplace Hessen
8. Full Name of Father Christian Wolf
9. Father's Occupation Tailor
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Ch. Münch
- Address 8 Leadenhall St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34137

NOV

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 46
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth Sept 8. 1879
4. Place of Birth (Street and Number) S. Durham str No 47
5. Full Name of Mother Anna Schmidt
6. Mother's Maiden Name Schmeckler
7. Mother's Birthplace Bremen
8. Full Name of Father Joseph Schmidt
9. Father's Occupation Doctor
10. Father's Birthplace Bremen
- Name of Medical Attendant, or other Person who makes this Return. Henry J. H. Maupach
- Address S. Wolfe str No 164
- Remarks Am. Wife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

31/35

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 8th, 1897
4. Place of Birth (Street and Number) No 58 Washington St.
5. Full Name of Mother Fanny Fairall
6. Mother's Maiden Name Barlow
7. Mother's Birthplace Carroll County
8. Full Name of Father William Fairall
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. W. F. Butts
- Address No 185 P. O. cor. Centre & Monument St.
- Remarks W22

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 8th
4. Place of Birth, (Street and Number) Prince St - 207 1/2
5. Full Name of Mother Mrs. Laida Gump
6. Mother's Maiden Name Laida Myers
7. Mother's Birthplace Baltimore
8. Full Name of Father George Gump
9. Father's Occupation Carpet Layer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter
- Address 21, N. Payreton St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

341110  
OCT 18 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 7th*
4. Place of Birth (Street and Number) *381 Canton Avenue*
5. Full Name of Mother *Lise Dietrich*
6. Mother's Maiden Name *Lise Hansen*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Charles Dietrich*
9. Father's Occupation *Sub-Int. Master*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Lizzie Wiley*
- Address *112 Lutterman Park Hansen*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 9, 1879*
4. Place of Birth (Street and Number) *539 Light St*
5. Full Name of Mother *May Adams*
6. Mother's Maiden Name *Mary A. Holmes*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Clarence Henry*
9. Father's Occupation *Care Driver*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Thos. L. L. L. L. L.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 9th 1879*
4. Place of Birth (Street and Number) *135 7th St*
5. Full Name of Mother *Laura V. Morns*
6. Mother's Maiden Name *Laura V. Hilditch*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Geo. D. Morns*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cook Jr*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) *111*
1. Sex (*state whether Male or Female*)
  2. Race or Color (*if not of the white race*)
  3. Date of Birth *October 9th 1879 2 P.M.*
  4. Place of Birth (Street and Number) *38 Harrison St*
  5. Full Name of Mother *Theresa Johnson*
  6. Mother's Maiden Name *" Hitch.*
  7. Mother's Birthplace *" Mid.*
  8. Full Name of Father *Thos P Johnson*
  9. Father's Occupation *1 Painter*
  10. Father's Birthplace *" Mid.*
- Name of Medical Attendant, or other Person who makes this Return. *A Treppacher M.D.*
- Address *11 S. High St.*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 9
4. Place of Birth (Street and Number) 500 Gay St
5. Full Name of Mother Ablice Kelley
6. Mother's Maiden Name Dannolly
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas H. Kelley
9. Father's Occupation Butter Merchant
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Amelia J. Christer
- Address No 7 Farrest Place
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 9th 1879

4. Place of Birth (Street and Number)

43 Essex str

5. Full Name of Mother

Margarette Crist

6. Mother's Maiden Name

De arcourt France

7. Mother's Birthplace

8. Full Name of Father

John Crist

9. Father's Occupation

Apothecary

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bell  
245 Canton Ave

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth # Thursday Octo 9th 1879

4. Place of Birth (Street and Number) 443 N Gay St

5. Full Name of Mother Sophia Snell

6. Mother's Maiden Name Sophia Wile

7. Mother's Birthplace Baltimore, Md

8. Full Name of Father George Snell

9. Father's Occupation Carpenter.

10. Father's Birthplace Balts.

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brintow, M.D.

Address 269 N. Caroline St.

Remarks Vertex Presentation,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34147

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth Child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *9<sup>th</sup> October 1879*  
 4. Place of Birth (Street and Number) *15 Caroline Street*  
 5. Full Name of Mother *Mary - Mitchell*  
 6. Mother's Maiden Name *Millians*  
 7. Mother's Birthplace *New Haven Conn.*  
 8. Full Name of Father *John Mitchell*  
 9. Father's Occupation *Seaman*  
 10. Father's Birthplace *Baltimore M. D.*  
 Name of Medical Attendant, or other Person who makes this Return. *Caroline L. White*  
 Address *N. 10 Douglas Street.*  
 Remarks *None.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34148

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*  
 1. Sex (state whether Male or Female) *male*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *October 9<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *Arch & Raborg S. W. Cor*  
 5. Full Name of Mother *Flourence Taylor*  
 6. Mother's Maiden Name *Flourence Austin*  
 7. Mother's Birthplace *Tenn.*  
 8. Full Name of Father *Emmanuel Taylor*  
 9. Father's Occupation *waiter*  
 10. Father's Birthplace *Virginia*  
 Name of Medical Attendant, or other Person who makes this Return. *J. A. Gillies M.D.*  
 Address *150 N. Euter St.*  
 Remarks

# RETURN OF A BIRTH.

34119

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



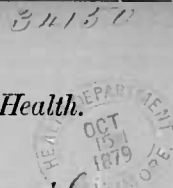
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Her 5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *October 9*
4. Place of Birth (Street and Number) *Baltimore Md, On 100 - Vin St*
5. Full Name of Mother *Mary Lee*
6. Mother's Maiden Name *Mary Payne*
7. Mother's Birthplace *Northumberland Virginia*
8. Full Name of Father *Samuel Lee*
9. Father's Occupation *Wagoner*
10. Father's Birthplace *Richmond Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Gen Shultz*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 4th child*
1. Sex (state whether male or female) *Male child*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *The 9 of October*
4. Place of Birth (Street and Number) *180 Harvard Street*
5. Full Name of Mother *Sarah Jane John*
6. Mother's Maiden Name *Sarah Jane Farster*
7. Mother's Birthplace *Eastern Shore for James*
8. Full Name of Father *James John*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Milly Gross*
- Address *181 H. Avenue York Street*
- Remarks

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34151

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



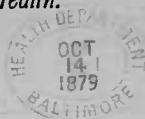
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) color
3. Date of Birth 9 of october
4. Place of Birth (Street and Number) 181 yark street
5. Full Name of Mother Henrietta jefferson
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore M. D.
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Milly Gross
- Address 181 yark street
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31152

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 9<sup>th</sup> 1879

4. Place of Birth (Street and Number)

162 Madam's Alley  
Chr

5. Full Name of Mother

Susanna

6. Mother's Maiden Name

" Dreyer

7. Mother's Birthplace

Germany

8. Full Name of Father

William Chr

9. Father's Occupation

Grocer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311-153

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 1st July 1879

4. Place of Birth (Street and Number) Baltimore Ann St No 25

5. Full Name of Mother Mary Prima

6. Mother's Maiden Name Mary Lehman

7. Mother's Birthplace Germany

8. Full Name of Father Andrew Prima

9. Father's Occupation Taylor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Proctor

Address 19 Washington St

Remarks Mary Proctor

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *male Child*
2. Race or Color (if not of the white race) *Colored Race*
3. Date of Birth *Oct the 9-18-79*
4. Place of Birth (Street and Number) *one Downough St 257*
5. Full Name of Mother
6. Mother's Maiden Name *Ethel Pinkney*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Worlford*
- Address *130 Regester St Baltimore Md*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October the 9<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 318 Central ave
5. Full Name of Mother Helen Bittner
6. Mother's Maiden Name " " Wolf
7. Mother's Birthplace Baltimore
8. Full Name of Father Conrad Bittner
9. Father's Occupation Booker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Barbara Reiss
- Address 26 N. Frederick St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

34156

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Octo 9<sup>th</sup> 1879

4. Place of Birth (Street and Number)

No 193 Riggwith st

5. Full Name of Mother

Isabella Stewart

6. Mother's Maiden Name

" Lombard

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Walter H Stewart

9. Father's Occupation

Telegraph Operator

10. Father's Birthplace

Balto. Md

Name of Medical Attendant, or other Person who makes this return

J Ridgway Andre M.D.

Address

No 121 8<sup>th</sup> Balto st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE, CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Octo 9 1879

4. Place of Birth (Street and Number)

No 113 Chew st

5. Full Name of Mother

Ellen Perkins

6. Mother's Maiden Name

"

Mandy

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Robert R. Perkins

9. Father's Occupation

Laborer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this return

J. Ridgway Andrews

Address

No 121 E Baltimore st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34158

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



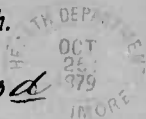
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *last*  
 1. Sex (state whether Male or Female) *female*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *October 9. 1879.*  
 4. Place of Birth (Street and Number) *412 Cutaw st.*  
 5. Full Name of Mother *Maggie Morrow*  
 6. Mother's Maiden Name *Mrs Herenton*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Thomas G. Morrow*  
 9. Father's Occupation *Cabinet-maker*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return. *John I. Lister M.D.*  
 Address *160 Saratoga st.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34139

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3d Female  
White  
Oct 7. 1879  
# 331 8 Charles St  
Sallie Miller  
Sallie De-Vaughn  
Md  
Charles Miller  
Mechanic  
Europe  
H.B. Noble M  
17 Hanover

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct: 9<sup>th</sup>*

4. Place of Birth (Street and Number) *34 Mulberry St.*

5. Full Name of Mother *Kate Hazayer*

6. Mother's Maiden Name *Kate Hunt.*

7. Mother's Birthplace *Philadelphia*

8. Full Name of Father *Joseph Hazayer*

9. Father's Occupation *Prof: Dancing*

10. Father's Birthplace *Philadelphia*

Name of Medical Attendant, or other Person who makes this Return. *Wm. J. Connel*

Address *2 Cathedral St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34-161



No. of Child of Mother, (state whether 1st, 2d, 3d &c.) *1st*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

*Oct 9th - 1879*

4. Place of Birth (Street and Number)

*147 1/2 St*

5. Full Name of Mother

*Lusannah Hartman*

6. Mother's Maiden Name

*Wmley*

7. Mother's Birthplace

*1 Baltimore*

8. Full Name of Father

*Frank Hartman*

9. Father's Occupation

*Pharmacist*

10. Father's Birthplace

*Germany*

Name of Medical Attendant, or other Person who makes this Return.

*W. H. H. H. M.D.*

Address

*241 Broadway*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- 34162
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 9 October 1879
4. Place of Birth (Street and Number) 274 Division St
5. Full Name of Mother Mary Ann Rice
6. Mother's Maiden Name Hughes
7. Mother's Birthplace Philadelphia
8. Full Name of Father Martin Rice
9. Father's Occupation Cigar Maker
10. Father's Birthplace Bacon City
- Name of Medical Attendant, or other Person who makes this Return. Marbury Brewster M.D.
- Address 68 McEuen St
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *6th*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *9th Oct. 1879*  
 4. Place of Birth (Street and Number) *409 E. Fayette St.*  
 5. Full Name of Mother *Annie Rackensperger*  
 6. Mother's Maiden Name *Lickner*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Jacob Rackensperger*  
 9. Father's Occupation *Saddle & Harness Maker*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *E. J. Bons M.D.*  
 Address *406 E. Baltimore St.*  
 Remarks *Child healthy*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

341611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 9 1879

4. Place of Birth (Street and Number)

647 Penna av.

5. Full Name of Mother

Minnie Marshlock

6. Mother's Maiden Name

Minnie Wolf

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Marshlock

9. Father's Occupation

Dr. Richter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Minnie Marshlock

Address

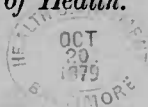
164 Penna av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth Oct. 9 1879  
 4. Place of Birth (Street and Number) 228 N. Gees Str.  
 5. Full Name of Mother Albine Lindeman  
 6. Mother's Maiden Name Alb. Rudiger  
 7. Mother's Birthplace German  
 8. Full Name of Father Heinrich Lindeman  
 9. Father's Occupation Baker  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger  
 Address 134 N. Bond Str.  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34166

NOV 8 1879

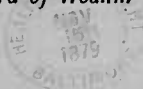
- No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth Oct 9. 1879
4. Place of Birth (Street and Number) E Pratt St No 288.
5. Full Name of Mother Margaret Helen
6. Mother's Maiden Name Ormel
7. Mother's Birthplace Baltimore
8. Full Name of Father Wesley Green
9. Father's Occupation Steward
10. Father's Birthplace Greenland
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. Prosser
- Address W. Wolfstr No 14
- Remarks Wm. J. Prosser

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311167

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 9th

4. Place of Birth (Street and Number)

656 W. Belle St

5. Full Name of Mother

Sarah Baugh

6. Mother's Maiden Name

" Hammett

7. Mother's Birthplace

St Mary's County

8. Full Name of Father

Dr. J. Baugh

9. Father's Occupation

Clerk

10. Father's Birthplace

Charles County

Name of Medical Attendant, or other Person who makes this Return.

J. C. Baugh, M.D.

Address

151 Heanover St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34168

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Oct 9th 79
4. Place of Birth (Street and Number) 50 Green Mt
5. Full Name of Mother Clara B.
6. Mother's Maiden Name Stuck
7. Mother's Birthplace Balt City
8. Full Name of Father David Wm Grove
9. Father's Occupation Stone Cutter
10. Father's Birthplace Hanover Co. Va
- Name of Medical Attendant, or other Person who makes this Return. J. F. Boyer
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31169

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
- Sex (state whether Male or Female) *Male.*
- Race or Color (if not of the white race) *White*
- Date of Birth *Friday, Oct 10<sup>th</sup> 1879.*
- Place of Birth (Street and Number) *No 4 Belverton Road.*
- Full Name of Mother *Mary Schrouder.*
- Mother's Maiden Name *Mary Raba.*
- Mother's Birthplace *Maryland.*
- Full Name of Father *John Schrouder.*
- Father's Occupation *Butcher*
- Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Toll.*
- Address *719 5<sup>th</sup> Bantloe St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34170

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex (state whether male or female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October the 10. 1879.*
4. Place of Birth (Street and Number) *S. Register St. N<sup>o</sup> 71.*
5. Full Name of Mother *Mary Hoffmann*
6. Mother's Maiden Name *Mary Becker*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Hoffmann*
9. Father's Occupation *Taylor*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address *N. Dallas St. N<sup>o</sup> 26.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Fourth  
Female  
White  
October 10<sup>th</sup>  
No 195 N Charles St  
Delia J. Wilmer  
Tudor  
Massachusetts  
Skipwith Wilmer  
Lawyer  
Virginia  
Ruggin Buckner  
135 N Charles St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Oct. 10<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *Chapin Bldg. Co. Md.*  
 5. Full Name of Mother *Emma Hill*  
 6. Mother's Maiden Name *Dittus*  
 7. Mother's Birthplace *Balto County - Md.*  
 8. Full Name of Father *Fredrick Hill*  
 9. Father's Occupation *Beef Butcher*  
 10. Father's Birthplace *Balto Co. Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *E. H. Norris M.D.*  
 Address *Ken. Strickland & Pusey*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



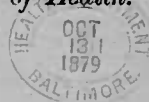
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth October 10<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) Baltimore Clark St. 110  
 5. Full Name of Mother Amelia Reid Jones  
 6. Mother's Maiden Name Reid  
 7. Mother's Birthplace Dorchester County  
 8. Full Name of Father Thomas Jones  
 9. Father's Occupation Grocer  
 10. Father's Birthplace Dorchester County  
 Name of Medical Attendant, or other Person who makes this Return. Mr. Elizabeth Scarborough  
 Address No 220 Montgomery at Balt  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex (state whether ~~male~~ or female).

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October the 10, 1879.*

4. Place of Birth (Street and Number) *E. Edgar St. No. 259.*

5. Full Name of Mother *Mary Carson*

6. Mother's Maiden Name *Mary Discher*

7. Mother's Birthplace *Dremsburg, Prussia, Germany*

8. Full Name of Father *August Carson*

9. Father's Occupation *Liggaren maker*

10. Father's Birthplace *Hanover, Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*

Address *N. Dallas St. No. 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 10 October 1879
4. Place of Birth (Street and Number) 75 Eastern Ave
5. Full Name of Mother Magie Tanager
6. Mother's Maiden Name Hirshetter
7. Mother's Birthplace Germany
8. Full Name of Father George Tanager
9. Father's Occupation Workman
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casper
- Address 32 Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34176

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) !
3. Date of Birth 10 October 79
4. Place of Birth (Street and Number) 31 Pratt St
5. Full Name of Mother Luise Hana
6. Mother's Maiden Name Reis
7. Mother's Birthplace N. P.
8. Full Name of Father James Hana
9. Father's Occupation Watchman
10. Father's Birthplace N. P.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Para Casper
- Address 52 E. Lombard St
- Remarks

# RETURN OF A BIRTH.

34177

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.) *3.*

(state whether Male or Female) *Female*

Race or Color (if not of the white race) *Colored.*

Date of Birth *10th of October*

Place of Birth (Street and Number) *With Lane St No 5.*

Full Name of Mother *Gene Hammer*

Mother's Maiden Name

Mother's Birthplace *Eastern Shore*

Full Name of Father *General Armstrong*

Father's Occupation

Father's Birthplace *Eastern Shore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. A. M. Smith, Dr. J. G. G. et al.*

Address

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34178

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7<sup>th</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Coloured

3. Date of Birth Oct 10<sup>th</sup> 1879

4. Place of Birth (Street and Number) Bolton, Welcome Alley 128

5. Full Name of Mother Mary Wright

6. Mother's Maiden Name Mary Johnson

7. Mother's Birthplace State Virginia

8. Full Name of Father Arden Wright

9. Father's Occupation Sailor

10. Father's Birthplace Dorchester Co

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Francis Granby

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

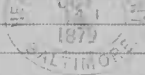
# RETURN OF A BIRTH.

34179

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *male Child*
2. Race or Color (if not of the white race) *Colored Race*
3. Date of Birth *Oct the 10-18-79*
4. Place of Birth (Street and Number) *Mouliken St 187 Baltimore<sup>nd</sup>*
5. Full Name of Mother *Loserene Lowmace*
6. Mother's Maiden Name *Loserene Ganes*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *James Lowmace*
9. Father's Occupation *Water*
10. Further's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woolford*
- Address *130 Regester St Baltimore Md*
- Remarks





rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34180

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

SEP  
OCT  
14  
1879

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 10 1879*
4. Place of Birth (Street and Number) *25 N Egleston St*
5. Full Name of Mother *Anna Liberton*
6. Mother's Maiden Name *Anna Foster*
7. Mother's Birthplace *Ann Amm Conf Md*
8. Full Name of Father *John Smith Liberton*
9. Father's Occupation *Police Officer*
10. Father's Birthplace *Ann Amm Conf Md*
- Name of Medical Attendant, or other Person who makes this Return. *W H Correll M.D.*
- Address *498 W Fayette St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *White*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 10th 79*

4. Place of Birth (Street and Number) *No 58 Essex St*

5. Full Name of Mother *Mrs Kate Bachman*

6. Mother's Maiden Name *Begel*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Henry Bachman*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Goodlyke*

Address *No 38 S Bond St B Md*

Remarks

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: James M. Peacock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 10th - 1879

4. Place of Birth (Street and Number) 372 N. Durham St.

5. Full Name of Mother Mary A. B. Peacock

6. Mother's Maiden Name " " " Taylor

7. Mother's Birthplace Washington D. C.

8. Full Name of Father William Peacock Jr.

9. Father's Occupation Driver

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. F. Taylor M. D.

Address 210 N. Broadway.

Remarks An interesting fact in this case is that notwithstanding

the fact that both parents are "weak-minded" the child cries loudly & sensibly



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34183

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 10<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No 218 North Carey St*
5. Full Name of Mother *Maggie J. Gambrell*
6. Mother's Maiden Name *Maggie J. Smith*
7. Mother's Birthplace *Hagerstown Md*
8. Full Name of Father *George T. Gambrell*
9. Father's Occupation *Commission Merchant*
10. Father's Birthplace *Howard County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Joseph Lloyd Martin M.D.*
- Address *No 38 Mount Vernon Place.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

341811

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *10<sup>th</sup> October*
4. Place of Birth (Street and Number) *North Union St.*
5. Full Name of Mother *Lizzie Keiser*
6. Mother's Maiden Name *Stall.*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Andrew Stall*
9. Father's Occupation *Master*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dina Nillegust*
- Address *182 E. Monument St.*
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

34155-



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race)

3. Date of Birth OCT. 10<sup>th</sup> 79

4. Place of Birth (Street and Number) 221 Hanover St

5. Full Name of Mother Anne Berlage

6. Mother's Maiden Name Guenter

7. Mother's Birthplace Penna.

8. Full Name of Father Richard Berlage

9. Father's Occupation Grocery Dealer

10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 J. Eitan St.

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) —
3. Date of Birth Oct 10<sup>th</sup>
4. Place of Birth (Street and Number) 368 West St
5. Full Name of Mother Sony Numan
6. Mother's Maiden Name Hahn
7. Mother's Birthplace Kurhessen
8. Full Name of Father John Numan
9. Father's Occupation Grocery Dealer
10. Father's Birthplace Hannover St
- Name of Medical Attendant, or other Person who makes this Return. May Wick
- Address 328 S. Eutaw St
- Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



34187

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

OCT 10<sup>th</sup> 99

4. Place of Birth (Street and Number)

Warras St 180.

5. Full Name of Mother

Josephine Beinsala

6. Mother's Maiden Name

Rivae

7. Mother's Birthplace

Balto mod.

8. Full Name of Father

Henry Beinsala

9. Father's Occupation

Eng food dealer

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

myself

Address

328 S Eutan St

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex (state whether male or female) \_\_\_\_\_
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *October the 11th 1879.*
  4. Place of Birth (Street and Number) *Boyd St. No 22.*
  5. Full Name of Mother *Katharina Richwein*
  6. Mother's Maiden Name *Katharina Kraatz*
  7. Mother's Birthplace *Baltimore City*
  8. Full Name of Father *Louis Richwein*
  9. Father's Occupation *Wheel Right*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Muller*
- Address *N. Dallas St. No 26.*

Remarks \_\_\_\_\_

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 11th 1879*

4. Place of Birth (Street and Number) *Cor Barb & North*

5. Full Name of Mother *Hannah Fitzgerald*

6. Mother's Maiden Name *Hannah Kibwick*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *John D Fitzgerald*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Wm R Reynolds M.D.  
43 North Calvert St*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31190

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 11th 1879
4. Place of Birth (Street and Number) \_\_\_\_\_
5. Full Name of Mother Martha Wheeler
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace Baltimore
8. Full Name of Father Allen Wheeler
9. Father's Occupation Driver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Louisa Leaton
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct. 11<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *245 E. Piddle St*
5. Full Name of Mother *Laura Ford*
6. Mother's Maiden Name *Laura Darling*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *John Ford*
9. Father's Occupation *Engineer U. S. N.*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *John H. Harmon M.D.*
- Address *S.W. Calver & Read St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Thirteen 13*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 11th 1879*
4. Place of Birth (Street and Number) *No 389 Scott St*
5. Full Name of Mother *Ann M. Creamer*
6. Mother's Maiden Name *Lang*
7. Mother's Birthplace *Green Anson Co. Va*
8. Full Name of Father *J. G. Creamer*
9. Father's Occupation *Genl Labourer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. K. Lane, M.D.*
- Address
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

31193

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Living Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Nov. Oct 11th
4. Place of Birth, (Street and Number) Baltimore No 42 Phoenix St
5. Full Name of Mother Lusie Queen
6. Mother's Maiden Name Lyonsman
7. Mother's Birthplace St. Island
8. Full Name of Father Samuel Jones
9. Father's Occupation Seaman
10. Father's Birthplace St. Island
- Name of Medical Attendant, or other Person who makes this Return. Annie Wilson
- Address 277 Blenheim St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

32194

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) Second

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Oct 11th

4. Place of Birth, (Street and Number) Baltimore No 250 Howard St

5. Full Name of Mother Larsen Jones

6. Mother's Maiden Name "

7. Mother's Birthplace Summers County

8. Full Name of Father Asper Jones

9. Father's Occupation Seaman

10. Father's Birthplace Summers County

Name of Medical Attendant, or other Person who makes this Return. Ameline Wilson

Address 770 Howard St

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 11 Oct

4. Place of Birth (Street and Number) 35 Buren St

5. Full Name of Mother Catharine Donolan

6. Mother's Maiden Name Hanseher

7. Mother's Birthplace Ireland

8. Full Name of Father James Donolan

9. Father's Occupation Meat House

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. J. Chrismus

Address No. Forrest Place

Remarks



# RETURN OF A BIRTH.

34196

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c) 3.  
(state whether Male or Female) male  
Race or Color (if not of the white race) colored.  
Date of Birth 11. th of. october  
Place of Birth (Street and Number) #1 Larue alley.  
Full Name of Mother Josephine Sheppard.  
Mother's Maiden Name Josephine purch.  
Mother's Birthplace Columbia Md.  
Full Name of Father David B. Sheppard  
Father's Occupation barber  
Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Sarah Smother 25 george t ally.  
Address \_\_\_\_\_  
Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34197

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 11th

4. Place of Birth (Street and Number) Booth St 85

5. Full Name of Mother Miss. Jones Stehle

6. Mother's Maiden Name Agnes Fraible

7. Mother's Birthplace Württemberg Germany

8. Full Name of Father Lucian Stehle

9. Father's Occupation Liano Maker

10. Father's Birthplace Württemberg Germany

Name of Medical Attendant, or other Person who makes this Return. Catharine Sebach

Address 439 West. Pratt St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34195

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*  
 1. Sex (state whether Male or Female) *female*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *abt the 11th*  
 4. Place of Birth (Street and Number) *Baltimore 25 S. Bethel St*  
 5. Full Name of Mother *Georgiana Jackson*  
 6. Mother's Maiden Name *Roberts*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Henry Jackson*  
 9. Father's Occupation *Sailor*  
 10. Father's Birthplace *1 Talbert County Md*  
 Name of Medical Attendant, or other Person who makes this Return.  
 Address  
 Remarks *frankes anderson*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

34799

DEPARTMENT  
of Health.  
13112918  
BALTIMORE

131029/1859

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 11<sup>th</sup> 1874
4. Place of Birth (Street and Number) 353 East Ave.
5. Full Name of Mother Lizzie Johnson
6. Mother's Maiden Name Lizzie Gimmann
7. Mother's Birthplace America
8. Full Name of Father John Johnson
9. Father's Occupation laborer
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. L. Linnell
- Address No. 137 Maple St.
- Remarks C 112

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

OCT 12 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

44  
Male  
White  
11<sup>th</sup> of Oct. 1879.  
36<sup>th</sup> of Balto St.  
W. J. Banker  
W. Cornish  
Balto City  
Robert H. Banker  
Laborer  
1 Balto City.  
Mary Walle  
125<sup>th</sup> of Balto  
Balto City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~first~~, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 11<sup>th</sup> 79

4. Place of Birth (Street and Number) 153 S. Bond St

5. Full Name of Mother Mrs. Christina Schluring

6. Mother's Maiden Name Edling

7. Mother's Birthplace Germany

8. Full Name of Father Henry Schluring

9. Father's Occupation Sailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetzke

Address 153 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Oct 11/79 Forest near Emerson  
Grob  
Christenhammer  
city  
Joseph Grob  
Singer maker  
Germany  
Haltzman  
156 N. Eden St*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
11th Oct 1879  
226 Greenmount Ave  
Bridget O'Shea Donehue  
Bridget O'Shea  
Ireland  
Michael Donehue  
Watchman  
Ireland  
C B Gamber MD  
108 Cathedral



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

342011

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 11th Oct 1879

4. Place of Birth (Street and Number) 163 Park street

5. Full Name of Mother Hannie Gamble Lowndes

6. Mother's Maiden Name Hannie Gamble

7. Mother's Birthplace Florida

8. Full Name of Father Charles Deenmon Lowndes

9. Father's Occupation Virginia

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. C B Gamble M D

Address 108 Calverdale

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34203

OCT  
27  
1879  
Baltimore

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *11 October 1879*
4. Place of Birth (Street and Number) *Lenox Street No 91*
5. Full Name of Mother *Margaretta Wedekind*
6. Mother's Maiden Name *Margaretta Wis*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John August Wedekind*
9. Father's Occupation *Workman*
10. Father's Birthplace *Uhlr & Hildburghausen Prussia Germany*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. L. Linder*
- Address *No 45 S. Monroe St*
- Remarks

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

311206

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth October 11 1879
4. Place of Birth, (Street and Number) No 463 E. Eager Street
5. Full Name of Mother Mrs. M. Green
6. Mother's Maiden Name Mrs. M. Jones
7. Mother's Birthplace Baltimore
8. Full Name of Father George F. Green
9. Father's Occupation Lumber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary C. Atwell
- Address 286 E. Denogh St
- Remarks \_\_\_\_\_

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accouchear, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 11th of October
4. Place of Birth (Street and Number) Charles Street 214
5. Full Name of Mother Elizabeth Zapp
6. Mother's Maiden Name Elizabeth L. Russell
7. Mother's Birthplace Germany
8. Full Name of Father George M. Zapp
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. W. M. M. M.
- Address 8 Annandale St.
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 11<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Columbia Ave

5. Full Name of Mother

Mary Gould

6. Mother's Maiden Name

Mary Hatt

7. Mother's Birthplace

Richmond Va

8. Full Name of Father

George Gould

9. Father's Occupation

Barber

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. H. Womphrey

Address

203 W Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34909

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct. 11 1879
4. Place of Birth (Street and Number) 122 Arlingstr
5. Full Name of Mother Malline Dannenberg
6. Mother's Maiden Name M. Kolberg
7. Mother's Birthplace German
8. Full Name of Father Adam Dannenberg
9. Father's Occupation Cabinetmaker
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger
- Address 134 W Bondstr
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34210

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Oct 11<sup>th</sup> 79
4. Place of Birth (Street and Number) 193 Conway St
5. Full Name of Mother Ida Breidenstein
6. Mother's Maiden Name Wrigelsheim
7. Mother's Birthplace Prussian
8. Full Name of Father Frank Breidenstein
9. Father's Occupation Clock
10. Father's Birthplace Prussian
- Name of Medical Attendant, or other Person who makes this Return. Mary Koch
- Address 328 S. Eutan St
- Remarks \_\_\_\_\_

DEC 21 1879

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
1. Sex (state whether male or female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 11 October.
4. Place of Birth (Street and Number) No. 125. J. green. st.
5. Full Name of Mother Maggie Schmitt.
6. Mother's Maiden Name Maggie Maing.
7. Mother's Birthplace Baltimore City.
8. Full Name of Father John Schmitt
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Bert Spencer Maing
- Address 8 Fairview place
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31212

z/lt. **DEP**  
**NOV**  
**3**  
**1979**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 76
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Oct 11. 1879
4. Place of Birth (Street and Number) 11. Marchington str 65
5. Full Name of Mother Caroline Filerlein
6. Mother's Maiden Name Wesly
7. Mother's Birthplace Hessen Darmstadt
8. Full Name of Father Gustav Filerlein
9. Father's Occupation Bookbinder
10. Father's Birthplace Bad Homburg
- Name of Medical Attendant, or other Person who makes this Return. Herr Joh. Brunsbach
- Address St. Marys Str 14
- Remarks Ind. wife

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

311213  
RECEIVED  
OCT  
28  
1879  
BAL MORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth October 11, 1879

4. Place of Birth, (Street and Number) Baltimore, 57 Dewberry Alley

5. Full Name of Mother Margaret Larkins

6. Mother's Maiden Name Margaret Boyle

7. Mother's Birthplace Baltimore

8. Full Name of Father Dominick M. Larkins

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hunter

Address

21, 67 Poppleton St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3112111

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



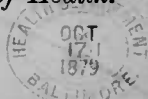
- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *first*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *Oct 12 1879*
4. Place of Birth (Street and Number) *104 Tyson St*
5. Full Name of Mother *Mary Jane Hawkins*
6. Mother's Maiden Name *Mary Jane Smith*
7. Mother's Birthplace *St Marys Co Md*
8. Full Name of Father *George Bernal Hawkins*
9. Father's Occupation *Labor at Mr McLaughry & Co Lexington*
10. Father's Birthplace *St Marys Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Chess*
- Address *24 Tyson St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *12 Oct 79*
4. Place of Birth (Street and Number) *castel st near bank*
5. Full Name of Mother *Mary waters*
6. Mother's Maiden Name *Mary doug*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *John waters*
9. Father's Occupation *laborer*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Bank St*
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34216

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~10th~~ 1st
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 12th 1879.*
4. Place of Birth (Street and Number) ~~Appt St~~ *No 7 Mc Henry St.*
5. Full Name of Mother *Maggie Kissit*
6. Mother's Maiden Name *Maggie Briel*
7. Mother's Birthplace *Mary land.*
8. Full Name of Father *John Kissit*
9. Father's Occupation *Stone Molder.*
10. Father's Birthplace *Mary land.*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Doll.*
- Address *118 57 Baltimore St.*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 12<sup>th</sup> 1879.

4. Place of Birth (Street and Number)

204 W. Saratoga.

5. Full Name of Mother

Kate Cloney.

6. Mother's Maiden Name

Kate Danaher.

7. Mother's Birthplace

Petersburg. N. York.

8. Full Name of Father

John Cloney.

9. Father's Occupation

Driver.

10. Father's Birthplace

Madison. Indiana.

Name of Medical Attendant, or other Person who makes this Return.

A. H. Saylor, M.D.

Address

524 B. Lexington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. *Date of Birth*

4. *Place of Birth (Street and Number)*

5. *Full Name of Mother*

6. *Mother's Maiden Name*

### 7. *Mother's Birthplace*

S. *Full Name of Father*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RECEIVED  
OCT 13 1879  
U.S. DEPT. OF AGRICULTURE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34219

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Born 12 Oct
4. Place of Birth, (Street and Number) Baltimore No 88 S. Maryland St
5. Full Name of Mother Sarah Jane Johnson
6. Mother's Maiden Name Price
7. Mother's Birthplace Baltimore
8. Full Name of Father William Johnson
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Maline Wilson
- Address 399 Lombard St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31990

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *12 October 1879*
4. Place of Birth (Street and Number) *No. 15 Dorsen street*
5. Full Name of Mother *Mollie Greenent*
6. Mother's Maiden Name *Mollie Kinty*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Michel Greenent*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Seebach*
- Address *No 439 West Pratt Street*
- Remarks

*Correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *12 October 74*
4. Place of Birth (Street and Number) *7 Church St*
5. Full Name of Mother *Dora Garten*
6. Mother's Maiden Name *Schultz*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henry Garten*
9. Father's Occupation *Bookmaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Dora Casper*
- Address *52 E. Howard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 12 October 79
4. Place of Birth (Street and Number) 220 Lombard St
5. Full Name of Mother Ellen Bronger
6. Mother's Maiden Name Brenan
7. Mother's Birthplace N D
8. Full Name of Father John Bronger
9. Father's Occupation workingman
10. Father's Birthplace N D
- Name of Medical Attendant, or other Person who makes this Return. Mrs Para Cusher
- Address. 52 E Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311223

OCT  
14  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 12<sup>th</sup> 1879

4. Place of Birth (Street and Number)

265 Eastern Ave

5. Full Name of Mother

Elizabeth Singley

6. Mother's Maiden Name

" Helwig City

7. Mother's Birthplace

8. Full Name of Father

Henry Singley

9. Father's Occupation

Milkman

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. October 13<sup>th</sup> 1899



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth October 12<sup>th</sup> 1899.

4. Place of Birth (Street and Number) 300 So. Duhamel & Barton Ave.

5. Full Name of Mother Sarah Mumenthal.

6. Mother's Maiden Name Sarah Wertheimer.

7. Mother's Birthplace Germany.

8. Full Name of Father David Mumenthal.

9. Father's Occupation Restaurant.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Freund.

Address No. 137 N. 2<sup>nd</sup> St.

Remarks 42.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 d*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *October 12<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *279 S. Half St*  
 5. Full Name of Mother *Johanna Mitzen*  
 6. Mother's Maiden Name *" " Flatz*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *John Mitzen*  
 9. Father's Occupation *Saloon Keeper*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Louise Kraft*  
 Address *236 Canton ave*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34226

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 12<sup>th</sup> 1879

4. Place of Birth (Street and Number) Highlandtown

5. Full Name of Mother Josephine Becker

6. Mother's Maiden Name " Sellmeier

7. Mother's Birthplace Baltimore

8. Full Name of Father John Becker

9. Father's Occupation Butcher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft

Address 236 Canton Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34227

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

OCT  
24  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311228



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 12 1879
4. Place of Birth (Street and Number) Battery Gap No 114.
5. Full Name of Mother Henrietta L. Gause
6. Mother's Maiden Name Henrietta L. Keiford
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Samuel L. Gause
9. Father's Occupation
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Sarah Ann Brown
- Address 114 Battery Gap
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 12 October 1879  
 4. Place of Birth (Street and Number) 413 Eastern Ave  
 5. Full Name of Mother Jane Matilda Rouley  
 6. Mother's Maiden Name Jane Matilda Tucker  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father George W. Rouley  
 9. Father's Occupation Builder  
 10. Father's Birthplace Baltimore Md  
 Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley  
 Address 112 Patterson Park, Inner  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311230

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth: Oct 12<sup>th</sup> 1879
4. Place of Birth (Street and Number) No. 108 Burgundy Alley
5. Full Name of Mother Ellen Sims
6. Mother's Maiden Name
7. Mother's Birthplace West River A A Co Maryland
8. Full Name of Father Edward Sims
9. Father's Occupation Laborer
10. Father's Birthplace West River A A Co Md
- Name of Medical Attendant, or other Person who makes this Return. Victoria Thomas
- Address 11 Burgundy Alley
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. It is their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

311-231

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Boy*

2. Race or Color (if not of the white race) .....

3. Date of Birth *12 of October 1879*

4. Place of Birth (Street and Number) *H. Adlington No 26*

5. Full Name of Mother *Catherine Guicks*

6. Mother's Maiden Name *Catherine Kelly*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Martin Guicks*

9. Father's Occupation *Long Laborer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *B. H. Hermann M.D.*

Address *No 175 N. Carey St.*

Remarks .....



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 12
4. Place of Birth (Street and Number) church st 84
5. Full Name of Mother Mary Jane Obadiah
6. Mother's Maiden Name Mary Jane Obadiah
7. Mother's Birthplace Talbot county
8. Full Name of Father William B. Shield
9. Father's Occupation Ballar
10. Father's Birthplace Talbot county
- Name of Medical Attendant, or other Person who makes this return Coraline Elmore 112 Hill st
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) girl

2. Race or Color (if not of the white race) White

3. Date of Birth 12<sup>th</sup> Oct 1871

4. Place of Birth (Street and Number) Baltimore Jefferson St No 251

5. Full Name of Mother Annie Presch

6. Mother's Maiden Name Annie Modis

7. Mother's Birthplace Germany

8. Full Name of Father Wenzel Presch

9. Father's Occupation Cigar Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Shepley

Address 69 Washington St

Remarks M. Hospital

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311234

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *11* *Simon P*

1. Sex (state whether Male or Female) *White*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 12 1879*

4. Place of Birth (Street and Number) *121 Madison St*

5. Full Name of Mother *Virginia Heath*

6. Mother's Maiden Name *Boyd*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Lewis Charles Heath*

9. Father's Occupation *Oyster & Milk Dealer*

10. Father's Birthplace *England*

Name of Medical Attendant, or other Person who makes this Return. *Wm. R. R. R.*

Address *157. Aisquith St*

City *City*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 12th, 1879
4. Place of Birth (Street and Number) No. 246. 12th St.
5. Full Name of Mother Annia Davis
6. Mother's Maiden Name Annia McWilliams
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Davis
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. A. Bull
- Address No. 183 N. E. cor. Central av. & Monument St.
- Remarks See 112.

Full name - John Thomas Davis

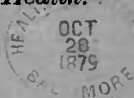


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 19 - 1879
4. Place of Birth, (Street and Number) Pratt Street 94
5. Full Name of Mother Christiana Charlotte Pegelow
6. Mother's Maiden Name Hasselmann
7. Mother's Birthplace Baltimore
8. Full Name of Father George Pegelow
9. Father's Occupation Wetshmaacher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other person who makes this Return. Susan Hunter
- Address 2174th Poppleton St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311237



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
- Sex (state whether male or female) *Female*
- Race or Color (if not of the white race) \_\_\_\_\_
- Date of Birth *Oct 13th 1889*
- Place of Birth (Street and Number) *No 7 Weber st*
- Full Name of Mother *Cristine Hegeman*
- Mother's Maiden Name *Burtt*
- Mother's Birthplace *Germany*
- Full Name of Father *John Hegeman*
- Father's Occupation *Laborer*
- Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schmasser midwife*
- Address *330 W. Madison St*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *male Child*
2. Race or Color (if not of the white race) *Colored Race*
3. Date of Birth *October the 13-18-79*
4. Place of Birth (Street and Number) *Shador St 1107 Baltimore*
5. Full Name of Mother *Alinda Johnson*
6. Mother's Maiden Name *Marinda Carter*
7. Mother's Birthplace *West Virginnia*
8. Full Name of Father *James Johnson*
9. Father's Occupation *Labor*
10. Father's Birthplace *Kent County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woolford*
- Address *130 Regester St Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34239

HEALTH DEPT.  
OCT 20 9 1

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12
- Sex (state whether male or female) Male
- Race or Color (if not of the white race) White
- Date of Birth Oct 13 1879
- Place of Birth (Street and Number) 192 West St
- Full Name of Mother Catharine Dickson
- Mother's Maiden Name Jackson
- Mother's Birthplace Baltimore
- Full Name of Father James Dickson
- Father's Occupation Laborer
- Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. May E. Gray
- Address 193 Chester
- Remarks Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



342110

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 12th born*
1. Sex (state whether male or female) *Female Child*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Born October 18th*
4. Place of Birth (Street and Number) *N 67 York Street*
5. Full Name of Mother *Harriet A. Menddlox*
6. Mother's Maiden Name *Harriet A. Mailey*
7. Mother's Birthplace *Balte*
8. Full Name of Father *Robert H. Menddlox*
9. Father's Occupation *Brick-Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Meilly Gross*
- Address *No 181 York St. Balt*
- Remarks

*Contributor to this and all subsequent issues: To receive your free packet of four business cards, fill out the form below.*

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

1. Sex (state whether male or female) .....
2. Race or Color (if not of the white race) .....
3. Date of Birth .....
4. Place of Birth (Street and Number) .....
5. Full Name of Mother .....
6. Mother's Maiden Name .....
7. Mother's Birthplace .....
8. Full Name of Father .....
9. Father's Occupation .....
10. Father's Birthplace .....

Name of Medical Attendant, or other Person who makes this Return.

*Address*

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(state whether male or female)

Age or Color (if not of the white race)

Date of Birth

Place of Birth (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4th

Male

White

Oct 13th 1879

No 308 Ramsay St

Amanda Carrigan

Amanda Appleby

Prince Georges Co

William J Carrigan

Cabinet Maker

Baltimore

Mrs Coalheur

No 625 W Pratt St

Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *13 October 1879*

4. Place of Birth (Street and Number) *Carrollton St. 25*

5. Full Name of Mother *Theresa Starkloff*

6. Mother's Maiden Name *Theresa Lertz*

7. Mother's Birthplace *Albstadt. Saxe Weimar*

8. Full Name of Father *Charles Frederik Starkloff*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Danneroda. Saxe Weimar*

Name of Medical Attendant, or other Person who makes this Return. *Dr. F. Meinhard*

Address *224 W Fayette Street*

Remarks



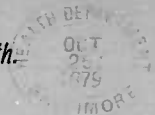


That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31244



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2?

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth Oct. 13

4. Place of Birth (Street and Number) 311 Arundel St. An.

5. Full Name of Mother Ella King

6. Mother's Maiden Name Ella Hinn

7. Mother's Birthplace Balt.

8. Full Name of Father Sam S. King Jr.

9. Father's Occupation Merchant

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. J. M. Wilson

Address 251 Mad. An.

Remarks \_\_\_\_\_

34245

OCT 25 1979

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Oct 13 1879  
4. Place of Birth (Street and Number) No 15 Cuba St Lowest Point Balto  
5. Full Name of Mother Mary Ann Shanley  
6. Mother's Maiden Name " " Joyce  
7. Mother's Birthplace Lowest Point  
8. Full Name of Father F. H. Shanley  
9. Father's Occupation Laborer  
10. Father's Birthplace New Haven Conn  
Name of Medical Attendant, or other Person who makes this Return Margaret Otter  
Address No 13 Cuba St Lowest Point  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

54911-6

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

HEA OCT 24 1879  
BALTIMORE

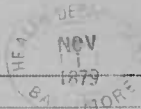
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex (state whether Male or Female) *Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *Oct. 13th 87/9*
- Place of Birth (Street and Number) *210 Park Street*
- Full Name of Mother *Elmore O'Neil*
- Mother's Maiden Name *" Ruth*
- Mother's Birthplace *Baltimore*
- Full Name of Father *James M. O'Neil*
- Father's Occupation *Captain of tug-boat*
- Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *James C. O'Neil*
- Address *61 S. Second Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

3112117



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
- Sex (state whether Male or Female) *Male*
- Race or Color (if not of the white race)
- Date of Birth *October 13<sup>th</sup> 1879.*
- Place of Birth (Street and Number) *Battery St. N<sup>o</sup> 116.*
- Full Name of Mother *Louisa Annick*
- Mother's Maiden Name *Louisa Gopp*
- Mother's Birthplace *Baltimore Md.*
- Full Name of Father *George Annick*
- Father's Occupation
- Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Geo. W. B. Bunn*
- Address *N<sup>o</sup> 114 Battery St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3112118

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Female

Colored.

18<sup>th</sup> of Oct 1879.

Spring St. 1779.

Elizabeth Johnson.

Elizabeth Johnson.

Armanie Conner

Oska Johnson.

Coachman

Baltimore City

Mary Waller

126 N. Calverton

Baltimore City

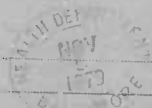
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

312119

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 13. 1869
4. Place of Birth (Street and Number) No. 1001 North Street near Park
5. Full Name of Mother Belinda Melch
6. Mother's Maiden Name Early
7. Mother's Birthplace Prussia
8. Full Name of Father John Melch
9. Father's Occupation Seaman
10. Father's Birthplace Belgium
- Name of Medical Attendant, or other Person who makes this Return. Chas. W. Meyer
- Address No. 1001 North Street
- Remarks



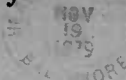
That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34250

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 13<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 81 Short St
5. Full Name of Mother Elizabeth Türke
6. Mother's Maiden Name Fessmann
7. Mother's Birthplace Baltimore
8. Full Name of Father Otto Türke
9. Father's Occupation Sattler
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who 'makes' this Return. Louise Kraft
- Address 236 Canton ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34251

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

First  
male  
white  
Oct. 13/79  
No. 106 S. Ann  
Amelia Orndorff  
" barlick  
Balt.  
Henry Orndorff  
Laborer  
Baltimore  
Dr. B.W. Mansfield  
117 S. 3rd way

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34252

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> child
- Sex (state whether Male or Female) Female
- Race or Color (if not of the white race) White
- Date of Birth Oct. 13<sup>th</sup> 1879 7<sup>30</sup> P.M.
- Place of Birth (Street and Number) 107 S Bond
- Full Name of Mother Mary Eliza Reichell
- Mother's Maiden Name Mary E. Freeman
- Mother's Birthplace Baltimore
- Full Name of Father Wm. H. Reichell
- Father's Occupation Moulder
- Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address 299 E. Balto. St.,

Remarks

James E. Downville M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether male or female) boy
2. Race or Color (if not of the white race) White
3. Date of Birth 12 Oct 1879
4. Place of Birth (Street and Number) Baltimore Hospital No 19
5. Full Name of Mother Mary Hoppe
6. Mother's Maiden Name Mary Hoppe
7. Mother's Birthplace Germany
8. Full Name of Father John Hoppe
9. Father's Occupation laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return, Mary Hoppe
- Address 67 Washington St
- Remarks Mary Hoppe

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

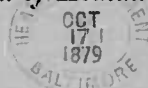
3112511  
HEALTH DEPARTMENT  
OCT 20 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>  
1. Sex (state whether male or female) male  
2. Race or Color (if not of the white race)  
3. Date of Birth Oct. 13<sup>th</sup> 1879  
4. Place of Birth (Street and Number) 136 Bannock St.  
5. Full Name of Mother Katy Friedelein  
6. Mother's Maiden Name Fisher  
7. Mother's Birthplace Balto. Md.  
8. Full Name of Father Frank Friedelein  
9. Father's Occupation Varnisher  
10. Father's Birthplace Prussia  
Name of Medical Attendant, or other Person who makes this Return. Mary Froh  
Address 328 S. Eutaw St.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 14<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Pleasant St*
5. Full Name of Mother *Jessie A W Brauman*
6. Mother's Maiden Name *Jessie A Mills.*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thos W Brauman*
9. Father's Occupation *Iron molder*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this return. *Mrs Mary E Sumner*
- Address *#171 S. Washington St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth # 152 & Wolfe St.  
Oct 15th 1879
4. Place of Birth (Street and Number)
5. Full Name of Mother Mary F. S. Fuller
6. Mother's Maiden Name Mary F. Stokes
7. Mother's Birthplace Balto
8. Full Name of Father Joseph K. Stokes Fuller
9. Father's Occupation Laborer
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this return. Mrs Mary E. Simms
- Address # 171 E. Washington St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311257

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



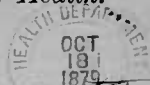
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 14<sup>th</sup> 1879
4. Place of Birth (Street and Number) 14. Stockton
5. Full Name of Mother May Bull
6. Mother's Maiden Name Baltimore
7. Mother's Birthplace John Bull
8. Full Name of Father Computer
9. Father's Occupation Baltimore
10. Father's Birthplace G. W. Morris M.D.
- Name of Medical Attendant, or other Person who makes this Return. Geo. Strickland & Prudden
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*

1. Sex (state whether male or female) *female Child*
  2. Race or Color (if not of the white race) *Colored race*
  3. Date of Birth *October the 14 1879*
  4. Place of Birth (Street and Number) *Durham st 33 Baltimore md*
  5. Full Name of Mother *Anna Jackson*
  6. Mother's Maiden Name *Anna Williams*
  7. Mother's Birthplace *Dorchester County md*
  8. Full Name of Father *James Jackson*
  9. Father's Occupation *Water*
  10. Father's Birthplace *Dorchester County md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woolford*
- Address *130 Regester st Baltimore md*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34239

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *14 October 1879*
4. Place of Birth (Street and Number) *67 Lombard St.*
5. Full Name of Mother *Ruby*
6. Mother's Maiden Name *Ruby Young*
7. Mother's Birthplace *Germany*
8. Full Name of Father *James E. Ems*
9. Father's Occupation *Dealer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Louisa Wiley*
- Address *112 Patterson Park, Annapolis*
- Remarks

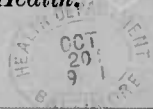


That apothecary, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311.260

*To the Office of Registrar of Vital Statistics, Board of Health,*  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 14 Oct
4. Place of Birth (Street and Number) 17 Forrest Place
5. Full Name of Mother Agnes Dannel
6. Mother's Maiden Name Christon
7. Mother's Birthplace Baltimore
8. Full Name of Father Gannet W. Donaldson
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Assula T. Christer
- Address No 7 Forrest Place
- Remarks

Samuel W. Donaldson

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

911261

OCT  
16  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second 5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Tuesday, Oct. 14th, 1879*
4. Place of Birth (Street and Number) *Government + Bowdoin Ave*
5. Full Name of Mother *Emma Hedrick Gairner*
6. Mother's Maiden Name *Emma Hedrick*
7. Mother's Birthplace *Howard Co, Md*
8. Full Name of Father *Edward T. Gairner*
9. Father's Occupation *Coach Painter*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Wheeler Denton, M.D.*
- Address *269 W. Camden St*
- Remarks *Breech Presentation.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth Tuesday Oct. 14<sup>th</sup> 1879

4. Place of Birth (Street and Number) Madison & Broadway

5. Full Name of Mother Mary C. Baker Noblin

6. Mother's Maiden Name Mary C. Baker

7. Mother's Birthplace Somerset Co. Md

8. Full Name of Father Lawrence C. Noblin

9. Father's Occupation Stonecutter

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm. Brinton, M.D.

Address 269 W. Lombard St.

Remarks ("Vertex presentation")

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*  
 1. Sex (state whether male or female) *Female.*  
 2. Race or Color (if not of the white race) *White.*  
 3. Date of Birth *Oct 14<sup>th</sup> 77*  
 4. Place of Birth (Street and Number) *270 E. Biddle*  
 5. Full Name of Mother *Sallie Weil*  
 6. Mother's Maiden Name *O'Mara*  
 7. Mother's Birthplace *England*  
 8. Full Name of Father *James C. Weil*  
 9. Father's Occupation *Shoe Store*  
 10. Father's Birthplace *Hartford Co. Maryland*  
 Name of Medical Attendant, or other Person who makes this Return. *D. P. Catharine M.D.*  
 Address *2413 Broadway*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth October 14<sup>th</sup> 1879

4. Place of Birth (Street and Number) Portland st

5. Full Name of Mother Mary. Stuart

6. Mother's Maiden Name Mary. Medetaff

7. Mother's Birthplace Baltimore

8. Full Name of Father George. Stewart

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return  Catherine. Spang

Address 106. west-st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311265-



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth 14 Sept 1899
4. Place of Birth (Street and Number) act 23
5. Full Name of Mother Mary Cook
6. Mother's Maiden Name not married
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. Mrs. L. J. Johnson
- Address no 32 short st
- Remarks very delicate child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Oct 14<sup>th</sup> 79*
4. Place of Birth (Street and Number) *38 W Madison St.*
5. Full Name of Mother *Elizabeth Grist*
6. Mother's Maiden Name *Elizabeth Lister*
7. Mother's Birthplace *England*
8. Full Name of Father *Matthew Grist*
9. Father's Occupation *Musician*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *Weller M.D.*
- Address *87 N Greene St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 14, 1879

4. Place of Birth (Street and Number)

691 Lexington St.

5. Full Name of Mother

Ida Isabella Boone

6. Mother's Maiden Name

Ida Isabella Barnes.

7. Mother's Birthplace

Maryland

8. Full Name of Father

Charles Clinton Boone

9. Father's Occupation

Clerk

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. W. Hensch M.D.

Address

73 E. Balt<sup>o</sup> St.

Remarks



At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within this City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34265

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH  
OCT  
28  
1879  
OFF

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth October - 14<sup>th</sup>
4. Place of Birth, (Street and Number) 58 Unity street
5. Full Name of Mother Edna Teresa McDonald
6. Mother's Maiden Name McGowan
7. Mother's Birthplace Ireland
8. Full Name of Father Michael McDonald
9. Father's Occupation Mechanic
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. W. A. Hunter
- Address 217 N. Poppleton st
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct. 14th 1879.*

4. Place of Birth (Street and Number) *411 North Mount St.*

5. Full Name of Mother *Minnie Lyndon.*

6. Mother's Maiden Name *Minnie Pose*

7. Mother's Birthplace *Baltimore City.*

8. Full Name of Father *Joseph W. Lyndon.*

9. Father's Occupation *Carpenter.*

10. Father's Birthplace *Baltimore County.*

Name of Medical Attendant, or other Person who makes this Return. *W. J. Lyman.*

Address *435 W. Henry St.*

Remarks *Fine healthy child.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- 34270*
- RECEIVED  
OCT 19  
BALTIMORE*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 14<sup>th</sup> of October
4. Place of Birth (Street and Number) S. Charles St. 333
5. Full Name of Mother Friederike Deuberger
6. Mother's Maiden Name Friederike Graes
7. Mother's Birthplace Bremen
8. Full Name of Father Ulrich Herman Deuberger
9. Father's Occupation Stamping tools of Nail & Tobacco Works.
10. Father's Birthplace Breslau (Germany)
- Name of Medical Attendant, or other Person who makes this Return. Severin Kling
- Address 8 S. Charles St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4th)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 14th 1879

4. Place of Birth (Street and Number)

35 Constitution st

5. Full Name of Mother

Johanna Satterfield

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Andrew Satterfield

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Megina Ed Windsor

Address

178 Harford Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 12th 1899*
4. Place of Birth (Street and Number) *738 Calumet Ave*
5. Full Name of Mother *Clara W. Evans*
6. Mother's Maiden Name *" " Evans*
7. Mother's Birthplace *City*
8. Full Name of Father *Wm W. Evans*
9. Father's Occupation *Switchman B.V. & O.*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Evans (1st)*
- Address *133 Calumet*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

34-2721  
OCT 17 1879  
BAL MD  
First  
Girl  
White  
Oct 15th 1879  
West Mt East Ave.  
A. F. S. Baldwin  
A. F. Adams.  
Balto  
John Baldwin  
Teacher  
Horn & Jones  
Mrs. Mary E. Adams  
#171 P. Washington St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 11, 1879*
4. Place of Birth (Street and Number) *Farmer's Hill*
5. Full Name of Mother *Luzza Ross*
6. Mother's Maiden Name *Luzza Doohan*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *George Ross*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Bush St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

34275  
OCT 19 1879  
First (1st)  
Female -  
White -  
October 15<sup>th</sup> 1879.  
26 Penna. Avenue -  
Elizabeth Mason.  
Dowling.  
Ohio.  
Christina Marion Mason.  
Confectioner and Baker.  
Balto. City, Md.  
Louis W. Knight M.D.  
112 N. Greene



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report in the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second.  
Female.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White.

3. Date of Birth

October 15<sup>th</sup> 1879.

4. Place of Birth (Street and Number)

219 Preston St.

5. Full Name of Mother

Catherine Freshline.

6. Mother's Maiden Name

Hartline.

7. Mother's Birthplace

Baltes. City. Md.

8. Full Name of Father

Michael Freshline

9. Father's Occupation

Driver.

10. Father's Birthplace

Baltes. City, Md.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

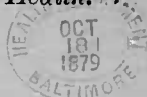
112 N. Greene St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 15
4. Place of Birth (Street and Number) 284 Lombard St
5. Full Name of Mother Abagailena Limburg
6. Mother's Maiden Name Gault
7. Mother's Birthplace Germany
8. Full Name of Father Henry Limburg
9. Father's Occupation Salesman
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sophie Vinton
- Address 1070 Lombard St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child none mother*

1. Sex (state whether male or female) *male Child*

2. Race or Color (if not of the white race) *Colored race*

3. Date of Birth *October the 15-18-79*

4. Place of Birth (Street and Number) *Shuter St nos Baltimore*

5. Full Name of Mother

6. Mother's Maiden Name *Ellis Jeger*

7. Mother's Birthplace *West Virginia*

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woolford*

Address *130 Regester St Baltimore in Ct*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall intend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34279

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 3<sup>rd</sup>

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Oct the 15<sup>th</sup>

4. Place of Birth (Street and Number)

19 Balti

no 10 Castle St

5. Full Name of Mother

Maria huthins

6. Mother's Maiden Name

Basur

7. Mother's Birthplace

gentle ville MD

8. Full Name of Father

Joseph huthins

9. Father's Occupation

laborer

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. Frances waterbury

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

34-250

th. HEALTH DEPARTMENT  
OCT 16 1879  
BALTIMORE

## BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Third male

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

at 15<sup>u</sup>

- 3.
- Date of Birth*

Maryland  
Lilly Birmingham  
Brooks

4. *Place of Birth (Street and Number)*

Brooks  
Virginia

5. Full Name of Mother

Wm Durlingham  
Merchant

6. *Mother's Maiden Name*

Marchant-

- ### 7. Mother's Birthplace

New York

8. *Full Name of Father*

Ryffm Bucklin  
1354 chor 4

- ### 9. Father's Occupation

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 15<sup>th</sup>
4. Place of Birth (Street and Number) 377 Eastern ave
5. Full Name of Mother Laura Gibb
6. Mother's Maiden Name " Boorze
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Alfred Gibb
9. Father's Occupation Minister
10. Father's Birthplace Philadelphia
- Name of Medical Attendant, or other Person who makes this Return. D. W. Cathers M.D.
- Address 2473 W. Calver
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *October 15<sup>th</sup> 1879 5:45 A.M.*
4. Place of Birth (Street and Number) *27 Linden St*
5. Full Name of Mother *Emma Horstmier*
6. Mother's Maiden Name *" King*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Horstmier*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *A. J. Shepherd M.D.*
- Address *11 S. High St*
- Remarks \_\_\_\_\_

*This is the only case of labor that I ever seen or heard of where there was not a drop of blood to be seen - although I examined the womb. For it, after all was over.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Oct 15 1879*  
 4. Place of Birth (Street and Number) *Baltimore Boyd St. No. 46*  
 5. Full Name of Mother *Mary A. Supton*  
 6. Mother's Maiden Name *Flanery*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *James Supton*  
 9. Father's Occupation *Bricklayer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. B. Mitchell*  
 Address *No. 140 Ramsey St.*  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8<sup>2d</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 13<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Suttonville

5. Full Name of Mother

Mary Stine

6. Mother's Maiden Name

Gernant

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Stine

9. Father's Occupation

Driver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. C. Mitchell

Address

N. E. 140 Ramsey St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

HEALTH  
OCT  
22  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

4 Children  
Female  
White  
15 of October 1879  
239 William St  
Regena Bache  
Regena Summer  
Hanover Germania  
Joseph Bacher  
Ruppelsteier  
Prusen Germania  
Regena Grishaker  
No. 128 West St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311256

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 Children*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *15. of October 1899*
4. Place of Birth (Street and Number) *136 Cross Street.*
5. Full Name of Mother *Mrs. Mary Eiser*
6. Mother's Maiden Name *Mary Schreiner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Michael Eiser*
9. Father's Occupation *Schmacker*
10. Father's Birthplace *Bavaria Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Isabella Grishaber*
- Address *No. 128 West St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34257

TH DEPT  
OCT  
25  
1879  
IMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 15<sup>th</sup>
4. Place of Birth (Street and Number) 127 Harbert st
5. Full Name of Mother Catherine Bannan
6. Mother's Maiden Name Catherine Anderson
7. Mother's Birthplace Baltimore
8. Full Name of Father Daniel Bannan
9. Father's Occupation laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Margaret Little
- Address No 13 Cuba Street Locust Point
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

24288



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *15 Oct*  
4. Place of Birth (Street and Number) *23 Elliott St*  
5. Full Name of Mother *Mary E Jones*  
6. Mother's Maiden Name *Mary E. McElhenny*  
7. Mother's Birthplace *Balt. City*  
8. Full Name of Father *Wm E Jones*  
9. Father's Occupation *None*  
10. Father's Birthplace *Balt. City*  
Name of Medical Attendant, or other Person who makes this return *Mrs Sarah Bylles*  
Address *104 Bradley St Canton*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct 15-1879*  
4. Place of Birth (Street and Number) *185 George St.*  
5. Full Name of Mother *Almira Taylor*  
6. Mother's Maiden Name *Julian*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *Charles J Taylor*  
9. Father's Occupation *Black*  
10. Father's Birthplace *Baltimore Co. Md*  
Name of Medical Attendant, or other Person who makes this Return. *Dr E Riden Md*  
Address *87 Mulberry St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

342911

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 13 1879
4. Place of Birth (Street and Number) Disgrace St
5. Full Name of Mother Mary Mooney
6. Mother's Maiden Name Shannon
7. Mother's Birthplace Harford Co Md
8. Full Name of Father John Mooney
9. Father's Occupation Labourer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. M. B. Billingsley
- Address Harford Ave & Biddle St
- Remarks

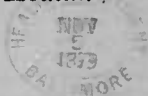
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34291

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 15 1879
4. Place of Birth (Street and Number) Ann St # 17
5. Full Name of Mother Christina Miller
6. Mother's Maiden Name Barker
7. Mother's Birthplace Balto Md
8. Full Name of Father Charles Bider
9. Father's Occupation Builder
10. Father's Birthplace Balto Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs D. Miller
- Address 48 Hollan St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

211299

HEALTH DEPT  
NOV  
6  
1879  
MOR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 15/79

4. Place of Birth (Street and Number)

170 N. Alhambra St

5. Full Name of Mother

Ann C. Simcock

6. Mother's Maiden Name

" " Hoopes

7. Mother's Birthplace

Washington DC

8. Full Name of Father

Ernest H. Simcock

9. Father's Occupation

Journalist - Editor of Balt. Market Journal

10. Father's Birthplace

Alexandria Va

Name of Medical Attendant, or other Person who makes this Return.

Dr. C. Fayette Calhoun

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34294

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second & Third*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 15<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *170 N Calhoun St*
5. Full Name of Mother *Ann C Simons*
6. Mother's Maiden Name *Ann C Hedges*
7. Mother's Birthplace *Washington DC*
8. Full Name of Father *Ernest J. Simons*
9. Father's Occupation *Journalist - Editor - Prop. Balt. Morning Journal*
10. Father's Birthplace *Alexandria Va*
- Name of Medical Attendant, or other Person who makes this Return. *W. E. Decker M.D.*
- Address *207 Cor Fayette & Calhoun*
- Remarks *Twins*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311295

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female.

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 15. 1879.

4. Place of Birth (Street and Number)

No 365 Hamburg st.

5. Full Name of Mother

Margaret Kriemann

6. Mother's Maiden Name

Margaret Dammann.

7. Mother's Birthplace

Baltimore City.

8. Full Name of Father

Adam Kriemann.

9. Father's Occupation

Box Maker.

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Kate Hynick.

Address

Idora Hall st. No 8.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 15th Oct. 77.
4. Place of Birth (Street and Number) 2 S. Street St.
5. Full Name of Mother Emilia Hillback
6. Mother's Maiden Name Swanbeck
7. Mother's Birthplace Prussia
8. Full Name of Father Henry Hillback
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mary Thresh
- Address 328 S. Eutam St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

311297

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

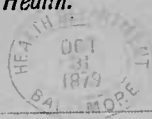


No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th  
1. Sex (state whether Male or Female) Female -  
2. Race or Color (if not of the white race) Mulatto  
3. Date of Birth October 15th 1879  
4. Place of Birth (Street and Number) No 52 King St  
5. Full Name of Mother Julia Johnston  
6. Mother's Maiden Name Julia Ayres -  
7. Mother's Birthplace Baltimore Md  
8. Full Name of Father George W Johnston  
9. Father's Occupation Musician  
10. Father's Birthplace Baltimore Md  
Name of Medical Attendant, or other Person who makes this Return. T. E. Kirby M.D  
Address No 24 Columbia Avenue  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *October 15<sup>th</sup> 9. P.M.*  
4. Place of Birth (Street and Number) *No 3. Belton St. 2<sup>nd</sup> House East of Penna. Av. South Side*  
5. Full Name of Mother *Mrs. Nettie Mayers.*  
6. Mother's Maiden Name *Nettie Mc. Cathern,*  
7. Mother's Birthplace *Chicago, Ill.*  
8. Full Name of Father *Frank Adolphus Mayers.*  
9. Father's Occupation *Moulder*  
10. Father's Birthplace *Baltimore, Md.*  
Name of Medical Attendant, or other Person who makes this Return *Wm. Pickens, Md.*  
Address *No 520 Penna. Av.*  
Remarks *Premature birth, Child about 26 weeks old. Cause of Miscarriage overexertion, in going up & down stairs.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31299

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) 4 Males

2. Race or Color (if not of the white race) White

3. Date of Birth October 1st 1879

4. Place of Birth (Street and Number) 782 Pratt St. Baltimore

5. Full Name of Mother Anna Coalman

6. Mother's Maiden Name Anthony Slater

7. Mother's Birthplace Baltimore M D

8. Full Name of Father John Coalman

9. Father's Occupation Artist

10. Father's Birthplace Baltimore M D

Name of Medical Attendant, or other Person who makes this Return Mrs S. Schaefer

Address 792 Pratt St

Remarks

RECEIVED  
J T  
1879  
OCT 10  
BALTIMORE



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

314300

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *Oct 16<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *62 Edgar Street*  
5. Full Name of Mother *Anne Scullie Reynolds*  
6. Mother's Maiden Name *Anne Scullie*  
7. Mother's Birthplace *Ireland*  
8. Full Name of Father *Thomas Reynolds*  
9. Father's Occupation *Carriage Maker*  
10. Father's Birthplace *Ireland*  
Name of Medical Attendant, or other Person who makes this Return. *C. B. Gamble M.D.*  
Address *108 Cathedral*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *October 10<sup>th</sup>*
4. Place of Birth (Street and Number) *no 9, eyalley*
5. Full Name of Mother *Sophia Jones*
6. Mother's Maiden Name *Sophia Brown*
7. Mother's Birthplace *colbert county*
8. Full Name of Father *psenal Jones*
9. Father's Occupation *labour*
10. Father's Birthplace *pent Island*
- Name of Medical Attendant, or other Person who makes this Return. *mrs Lydia Porter*
- Address *no 4 patp sco avenue*
- Remarks *healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34302

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 16th 1879
4. Place of Birth (Street and Number) No. 132 W. Strickland St. Baltimore
5. Full Name of Mother Gertrude Addison
6. Mother's Maiden Name " Smith
7. Mother's Birthplace Howard County Md.
8. Full Name of Father George Cook Addison
9. Father's Occupation Black
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Pembroke W. Womble M.D.

Address

No. 203 W. Lombard St.

Remarks

Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311313  
OCT 20 9  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 16 Oct
4. Place of Birth (Street and Number) 72 Centre St
5. Full Name of Mother Julia Gobright  
Cochrane
6. Mother's Maiden Name Baltimore County
7. Mother's Birthplace Wm C Gobright
8. Full Name of Father Rail Road Clerk
9. Father's Occupation Baltimore
10. Father's Birthplace Martha J. Chrissner  
No 7 Forrest Place
- Name of Medical Attendant, or other Person who makes this Return. Martha J. Chrissner
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34304

OCT  
20  
1879

OFF

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male  
White  
18th Oct 79  
Candace Eastern Ave  
Mary White  
Fanny White Brown  
Baltimore by Md  
George White  
Laborer  
Baltimore by Md  
Mrs Eliza Maer  
4 S. Lucas St  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34305

DEP.

OCT

21

1879

BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Born 16th Oct

4. Place of Birth (Street and Number)

No. 5 Amity St East

5. Full Name of Mother

Annie Staine

6. Mother's Maiden Name

Sarah Hebrew

7. Mother's Birthplace

Eastern Shore

8. Full Name of Father

Charles Staine

9. Father's Occupation

Sailor.

10. Father's Birthplace

Eastern Shore

Name of Medical Attendant, or other Person who makes this Return.

Address

Address. Annie Staine 21 Years of Age

Remarks

Charles Staine 23 Years of Age

Sarah Hebrew No. 202 Harbor St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311306

OCT  
79  
1880

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Black.
3. Date of Birth 16<sup>th</sup> October 1875.
4. Place of Birth, (Street and Number) No 61 Pine St
5. Full Name of Mother Virginia Locke
6. Mother's Maiden Name Virginia Wheeler
7. Mother's Birthplace District Columbia
8. Full Name of Father Benson Locke
9. Father's Occupation Waiter
10. Father's Birthplace Pulaski County
- Name of Medical Attendant, or other Person who makes this Return. Mary C. Wallace.
- Address 114 Ralston St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34307

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 16 of October, 1879
4. Place of Birth (Street and Number) No. 78 East of City
5. Full Name of Mother Mrs. Mary F. Grisham
6. Mother's Maiden Name Mrs. Mary Pfeiffer
7. Mother's Birthplace Hessen Germanica
8. Full Name of Father Mx. David Grisham
9. Father's Occupation Lawyer
10. Father's Birthplace Hessen Germanica
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary F. Grisham
- Address No. 128 West St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34305

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 16 October 1879
4. Place of Birth (Street and Number) 102 Hochsteiner Road
5. Full Name of Mother Sofie Fitch
6. Mother's Maiden Name Rapp
7. Mother's Birthplace N P
8. Full Name of Father Leonhard Fitch
9. Father's Occupation Storekeeper
10. Father's Birthplace N P
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *16 October 1879*
4. Place of Birth (Street and Number) *44 Carolina St*
5. Full Name of Mother *Ana Weit*
6. Mother's Maiden Name *Dorbern*
7. Mother's Birthplace *N D*
8. Full Name of Father *Josef Weit*
9. Father's Occupation *Painter*
10. Father's Birthplace *N D*
- Name of Medicoal Attendant, or other Person who makes this Return. *Mrs Para Casper*
- Address *52 E. Lombard St*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

OCT  
25  
1879

IMOU

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 16 1879*
4. Place of Birth (Street and Number) *5 Clement St Locust Point*
5. Full Name of Mother *Julia Finner*
6. Mother's Maiden Name *Julia Shannon*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Malachy Finner*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Margaret Little*
- Address *13. Tubet Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2-8.

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 16th

4. Place of Birth (Street and Number)

14 Little Paca St.

5. Full Name of Mother

Mary Jones

6. Mother's Maiden Name

" Bryan

7. Mother's Birthplace

Ind.

8. Full Name of Father

George Jones

9. Father's Occupation

Laborer

10. Father's Birthplace

Va.

Name of Medical Attendant, or other Person who makes this Return.

R. H. P. Ellis M. D.  
315 Zeph. St.

Address

Remarks

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health.*

## BALTIMORE CITY.

**BALTIMORE**  
Name of child: Eva F. Cox

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth Oct 16<sup>th</sup> 1879  
4. Place of Birth, (Street and Number) 104 Williams St.  
5. Full Name of Mother Carrie Bell Coxe  
6. Mother's Maiden Name Childs  
7. Mother's Birthplace Maryland  
8. Full Name of Father Walter A. Cox  
9. Father's Occupation Fireman B. & O. R. R.  
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return.

*Address*

Remarks

Наче Навинн Банн  
20

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

311313

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Nov 16th
4. Place of Birth, (Street and Number) Baltimore 320 N. Main St
5. Full Name of Mother Esther Morris
6. Mother's Maiden Name Robertson
7. Mother's Birthplace West Island
8. Full Name of Father Joseph Morris
9. Father's Occupation laborer
10. Father's Birthplace West County
- Name of Medical Attendant, or other Person who makes this Return. Ameline Williams
- Address 394 Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 16<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *# 231 Broad St*

5. Full Name of Mother *Mary Hough*

6. Mother's Maiden Name *Mary Buchach*

7. Mother's Birthplace *Pa.*

8. Full Name of Father *August Haeff*

9. Father's Occupation *Fireman*

10. Father's Birthplace *Prussia*

Name of Medical Attendant, or other Person who makes this Return. *Abner B. Brown*

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 10 4 Oct 1879
4. Place of Birth (Street and Number) Baltimore Hospital 41
5. Full Name of Mother Rosa Chaplain
6. Mother's Maiden Name Chaplain
7. Mother's Birthplace Germany
8. Full Name of Father Abraham Chaplain
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address 69 Washington
- Remarks Sp. Irish



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct 16<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *Maternity*  
5. Full Name of Mother *Mary Williams*  
6. Mother's Maiden Name *Mary Murphy*  
7. Mother's Birthplace *Maryland*  
8. Full Name of Father *John Williams*  
9. Father's Occupation *Soldier*  
10. Father's Birthplace *unknown*  
Name of Medical Attendant, or other Person who makes this Return. *J. A. Brancham M.D.*  
Address *163 W. Lombard St.*  
Remarks *Child premature and died shortly after birth*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Oct. 16<sup>th</sup> 1874*
4. Place of Birth (Street and Number) *630<sup>th</sup> Boring St.*
5. Full Name of Mother *Katharine Nauman*
6. Mother's Maiden Name *Heffenheim*
7. Mother's Birthplace *German*
8. Full Name of Father *Johan H. Nauman*
9. Father's Occupation *Baker*
10. Father's Birthplace *German*
- Name of Medical Attendant, or other Person who makes this Return. *M. R. Rudiger*
- Address *134<sup>th</sup> Bond St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34315

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 16<sup>th</sup> 1889*
4. Place of Birth (Street and Number) *612 W. Lombard St.*
5. Full Name of Mother *Mrs. Sarah Louise Beck*
6. Mother's Maiden Name *Addison*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Chas. R. R. Beck*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Frederick Co; Va.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Wm. W. Murray M.D. Dr.*

*308 W. Fayette St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34319

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 16<sup>th</sup> 1877*
4. Place of Birth (Street and Number) *No 247 No. Front st*
5. Full Name of Mother *Mary Shipley*
6. Mother's Maiden Name *Mary Popen*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Paul Shipley*
9. Father's Occupation *Plaster*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Hena H. Ogden*
- Address *No 116 E. Monument*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

311326  
HEALTH DEPT.  
OCT 20 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female  
White  
Oct 17 1889  
118 West St.  
Annie E. Ruggin  
Anna E. Wood  
Baltimore, Md  
Wm R. Ruggin  
Driver  
Baltimore, Md  
Theodore Cook, M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 17 Oct
4. Place of Birth (Street and Number) 206 Monument St
5. Full Name of Mother Annie S France
6. Mother's Maiden Name McMulty
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry France
9. Father's Occupation Shoe Factory
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. T. Chismee
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34322  
OCT 20 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

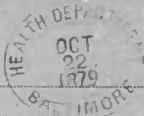
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311323

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex (state whether male or female) .....
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *October the 17. 1879.*
  4. Place of Birth (Street and Number) *N. Caroline St. No. 60*
  5. Full Name of Mother. *Anna Weishorst*
  6. Mother's Maiden Name *Anna Braiph*
  7. Mother's Birthplace *Baltimore City*
  8. Full Name of Father *Frank Weishorst*
  9. Father's Occupation *Captain of the Sea*
  10. Father's Birthplace *Rich. Mth. St. Virginia.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Miller*
- Address *N. Talbot St. No. 26.*

Remarks .....



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

9113211

DEP

OCT

2

1879

MORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>sd</sup>

1. Sex (state whether Male or Female)

Female  
White

2. Race or Color (if not of the white race)

3. Date of Birth

October 17. 1877

4. Place of Birth (Street and Number)

No 629 Lanover st

5. Full Name of Mother

Mary Smith

6. Mother's Maiden Name

Mary Easton

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Lewis Smith

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catherine Horner

Address

No 106 West st

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- 34325  
NOV  
OCT  
BALTIMORE
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 Children*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *17 of October 1879*
4. Place of Birth (Street and Number) *Light St. No. 632.*
5. Full Name of Mother *Mrs. Mary Mc. Clarge*
6. Mother's Maiden Name *Mary Mc. Baker*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Michael Mc. Clarge*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Sabrina Grishaker*
- Address *No. 11 128 West St Baltimore Md.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

51396

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 17 of 1891
4. Place of Birth (Street and Number) 1201 E. Pratt St.
5. Full Name of Mother Johanna R. Kärstner
6. Mother's Maiden Name Johanna Rieppel
7. Mother's Birthplace J. Germany
8. Full Name of Father Christian Rieppel
9. Father's Occupation Bar Keeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. Sauer
- Address 117, 177 Harper st.
- Remarks 107

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 17 October 1879
4. Place of Birth (Street and Number) 116 High St
5. Full Name of Mother Bridget Hogan
6. Mother's Maiden Name Roddsford
7. Mother's Birthplace N D
8. Full Name of Father James Hogan
9. Father's Occupation Wagonman
10. Father's Birthplace N D
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311328

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 17 1879
4. Place of Birth (Street and Number) 259 S. Durham St
5. Full Name of Mother Elisabeth Tobias
6. Mother's Maiden Name " " " Kurtz
7. Mother's Birthplace Germany
8. Full Name of Father Heinrich Tobias
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft
- Address 236 Canton ave
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34329



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 17

4. Place of Birth (Street and Number) No 8 South Mcdon Al

5. Full Name of Mother Abelitta Ferguson

6. Mother's Maiden Name Ernst

7. Mother's Birthplace Barn Baltimore

8. Full Name of Father Garup Ferguson

9. Father's Occupation labor

10. Father's Birthplace Barn Baltimore

Name of Medical Attendant, or other Person who makes this Return. Albany Postner Al

Address 89 South Mcdon

Remarks good health

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

311330  
OCT 2 1879  
IMCPS  
5-4  
Female  
White  
Oct 17 1879  
140 William St  
S. M. Strickfus  
S. M. Merritt  
City  
John. Strickfus  
Fish Dealer  
City  
H. B. Noble, M.D.  
17 Warren St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

214331

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

OCT  
27  
1879

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or ~~Female~~) \_\_\_\_\_
2. Race or Color (if not of the white race) White
3. Date of Birth October 17, 1879
4. Place of Birth (Street and Number) W. Vernon Hotel -
5. Full Name of Mother Ellen C. P. Smith
6. Mother's Maiden Name Miss Henrietta Gaithe
7. Mother's Birthplace Baltimore
8. Full Name of Father Chandler P. Smith
9. Father's Occupation Merchant
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return Christopher J. Stuppa M.D.
- Address No. 12 Franklin St.
- Remarks ✓



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 17<sup>th</sup>*
4. Place of Birth (Street and Number) *290 Mulberry St*
5. Full Name of Mother *Annie E. Kelly*
6. Mother's Maiden Name *Annie E. McCarthy*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Paul Kelly*
9. Father's Occupation *Trimmer*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Philip J. Pendergast*
- Address *No. 2 Cathedral St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

24333

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lead
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 17th 79
4. Place of Birth (Street and Number) 52 Black St.
5. Full Name of Mother Genevieve Donnelly
6. Mother's Maiden Name Genevieve Hook
7. Mother's Birthplace MD
8. Full Name of Father George Donnelly
9. Father's Occupation grocer
10. Father's Birthplace MD
- Name of Medical Attendant, or other Person who makes this Return. J. Meller MD
- Address 89 Greene St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31331

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

DEPT. OF HEALTH  
NOV  
1879  
011

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth 17 of October 1879  
4. Place of Birth (Street and Number) 133 Hamburg St.  
5. Full Name of Mother Amelia Caskey  
6. Mother's Maiden Name Amelia Weaver  
7. Mother's Birthplace Baltimore Md  
8. Full Name of Father Solomon J. Caskey  
9. Father's Occupation Iron Moulder  
10. Father's Birthplace Baltimore Md  
Name of Medical Attendant, or other Person who makes this Return. Mrs. M. R. Caskey  
Address 134 Hamburg St.  
Remarks Living Well

That any physician, secoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *17 October 1879*
4. Place of Birth (Street and Number) *Hammer St. near West St.*
5. Full Name of Mother *Lina Marsh*
6. Mother's Maiden Name *Lina Hillen*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Philip Marsh*
9. Father's Occupation *Clerical Work*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. R. Cooper*
- Address *134 Hamling St Baltimore Md*
- Remarks *Doing Well*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34336

OCT  
28  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *17 Jan ary*
4. Place of Birth (Street and Number) *21 oct*
5. Full Name of Mother *Edna Ringe*
6. Mother's Maiden Name *Ellen Herries*
7. Mother's Birthplace *Hesward county*
8. Full Name of Father *Henry Ringe*
9. Father's Occupation *occupation. coachman*
10. Father's Birthplace *Western Shore*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Drvill*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

374337

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3<sup>rd</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Octo. 17<sup>th</sup> 1877
4. Place of Birth (Street and Number) 7 Patterson Ave.
5. Full Name of Mother Mary A. Shread
6. Mother's Maiden Name Allen
7. Mother's Birthplace Massachusetts
8. Full Name of Father German Shread
9. Father's Occupation Merchant
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. H. Christman M.D.
- Address 431 Penna. Ave.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311338  
V  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Oct 17th 1879*
4. Place of Birth (Street and Number) *No 12 Greenhow St. Baltimore*
5. Full Name of Mother *Adelle Williams*
6. Mother's Maiden Name *Alice Brough*
7. Mother's Birthplace *Canada*
8. Full Name of Father *John Williams*
9. Father's Occupation *Glass Worker*
10. Father's Birthplace *Brooklyn, New York*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Murray*
- Address *8 Lawrence St. Baltimore*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

34339  
NOV 3 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Oct 11th 1870
4. Place of Birth (Street and Number) No 16 Ridgely St
5. Full Name of Mother Pauline Leimer
6. Mother's Maiden Name Pauline Peler
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Henry Leimer
9. Father's Occupation Hard ware dealer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Professor Wm J. S. S. S. S. S.
- Address 8 S. S. S. S. S.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

3113110  
HEALTH DEPARTMENT  
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5<sup>th</sup>  
Female  
White  
Oct 11<sup>th</sup> 99  
42 W Fayette  
Mary Birch  
Mary Warrick  
Hagerman  
Fred Birch  
Scourer  
German  
J G Hough, M.D.  
203 W Lombard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 14 1877*
4. Place of Birth (Street and Number) *No 162 Pine st*
5. Full Name of Mother *Lizzie Eckendorf*
6. Mother's Maiden Name *Lizzie Helling*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Eckendorf*
9. Father's Occupation *Box maker*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Annie Morschel*
- Address *164 Penna ar*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34342

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 17<sup>th</sup> 1877*
4. Place of Birth (Street and Number) *No. 13. ~~Green~~ Brown*
5. Full Name of Mother *Mary Kuhn*
6. Mother's Maiden Name *Mary Keeser*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Kuhn*
9. Father's Occupation *Cigar Manufacturer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Miller*
- Address *181 E. Monument St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34343

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th-

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct-1st-

4. Place of Birth (Street and Number)

No 48 Valley  
Elizabeth Lane

5. Full Name of Mother

6. Mother's Maiden Name

Elizabeth  
Patrick

7. Mother's Birthplace

Balt Co

8. Full Name of Father

James Farrell  
Gas Meter Inspector  
Balt

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm Whittage M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth  
From Mother.

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

white  
October 18<sup>th</sup> 1879  
Born Spring & Eastern Ave  
Mary Ellen Dewey  
Mary Ellen  
America  
Albert Keller Dewey  
Steinward  
London, Eng.  
Mrs Mary E. Fisher  
171 109 Washington Str  
F.P.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 18
4. Place of Birth (Street and Number) 45 Baltimore st
5. Full Name of Mother L. Crawford
6. Mother's Maiden Name L. Bassett
7. Mother's Birthplace Montgomery co Md
8. Full Name of Father Lemuel L Crawford
9. Father's Occupation Bricklayer
10. Father's Birthplace Montgomery co Md
- Name of Medical Attendant, or other Person who makes this Return. Wm Am Ash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 18 1877*
4. Place of Birth (Street and Number) *73 Cross st*
5. Full Name of Mother *Kate Wick*
6. Mother's Maiden Name *Kate Lamm*
7. Mother's Birthplace *Piedmont West Va*
8. Full Name of Father *Chas Wick*
9. Father's Occupation *machinist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann Ash*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311311-8

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
- Sex (state whether male *or female*)
  - Race or Color (if not of the white race) *White*
  - Date of Birth *October the 18, 1879*
  - Place of Birth (Street and Number) *S. Spring St. No 154*
  - Full Name of Mother *Barbara Schmidt*
  - Mother's Maiden Name *Barbara Hauser*
  - Mother's Birthplace *Baltimore City*
  - Full Name of Father *Georg Schmidt*
  - Father's Occupation *Machinist*
  - Father's Birthplace *Baltimore City*
  - Name of Medical Attendant, or other Person who makes this Return. *Harry E. Miller*
  - Address *N. Dallas St. No 26*
  - Remarks

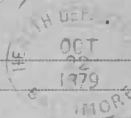


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 18, 1879.*
4. Place of Birth (Street and Number) *N. Dallas St. No. 54.*
5. Full Name of Mother *Sarah Henry*
6. Mother's Maiden Name *Sarah Timant*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *William Henry*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Harry E. Muller*
- Address *N. Dallas St. No. 26.*
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 18 October 1874
4. Place of Birth (Street and Number) 22 Market space
5. Full Name of Mother Maggie Gates
6. Mother's Maiden Name Fuchs
7. Mother's Birthplace U S
8. Full Name of Father John Gates
9. Father's Occupation Wagner
10. Father's Birthplace U S
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Gasper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

advice at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

34351  
OCT 23 1879  
IMORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 18 of Oct
4. Place of Birth (Street and Number) Hampburg st 27<sup>th</sup>
5. Full Name of Mother Martney Missick
6. Mother's Maiden Name Martney Parritt
7. Mother's Birthplace Dorchester Co Md
8. Full Name of Father Carpenter
9. Father's Occupation Charles Missick
10. Father's Birthplace Dorchester Co Md
- Name of Medical Attendant, or other Person who makes this Return. Wm Comy
- Address 131 Battery Ave
- Remarks Remarkable well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

524-352

NOV

1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18. October
4. Place of Birth (Street and Number) 140 Chew Str.
5. Full Name of Mother Jessie Fekler
6. Mother's Maiden Name " " Fekler
7. Mother's Birthplace Balta.
8. Full Name of Father David Fekler
9. Father's Occupation Tailor
10. Father's Birthplace Balta.
- Name of Medical Attendant, or other Person who makes this Return. J. Conrad
- Address 20 Barnes St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34353

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 18th, 1872
4. Place of Birth, (Street and Number) 94 Warner St.
5. Full Name of Mother Catherine Corrigan
6. Mother's Maiden Name " " Brady
7. Mother's Birthplace Balt.
8. Full Name of Father Patrick Corrigan
9. Father's Occupation Butcher
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. Hargis, Richmond
- Address 153 Dec. St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

343574

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth Oct 18<sup>th</sup> 1870

4. Place of Birth, (Street and Number) 277. Pearson St.

5. Full Name of Mother Rosana Baldwin

6. Mother's Maiden Name " " Belli

7. Mother's Birthplace Balto

8. Full Name of Father Henry Theodore Baldwin

9. Father's Occupation Dry-goods Dealer

10. Father's Birthplace Fair Haven, Connecticut

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. Lloyd Garrison

Address 135 E. E. St.

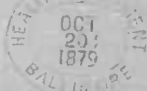
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *18 Oct. 79*
4. Place of Birth (Street and Number) *122 Burgundy St.*
5. Full Name of Mother *Mary Guinness*
6. Mother's Maiden Name *Reynell*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *Henry Guinness*
9. Father's Occupation *Cork Driller*
10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Froh*
- Address *328 S. Eutan St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 34-956
- OCT 28 1879
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 18th 79*
4. Place of Birth (Street and Number) *Maternity Hosp. 163 W Lombard St.*
5. Full Name of Mother *May Ulrich*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Unknown*
9. Father's Occupation *" "*
10. Father's Birthplace *" "*
- Name of Medical Attendant, or other Person who makes this Return. *W. Branham M.D.*
- Address *163 W. Lombard St.*
- Remarks *Mother & child doing well*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 18 1879*
4. Place of Birth (Street and Number) *Mahonia 163 W. Lombard St.*
5. Full Name of Mother *Mary Dougherty*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Balto. Md.*
8. Full Name of Father *Unknown*
9. Father's Occupation *" "*
10. Father's Birthplace *" "*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Traubman M.D.*
- Address *163 W. Lombard St.*
- Remarks *Mother and Child doing well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34358

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 18 1879*
4. Place of Birth (Street and Number) *74 Franklin St*
5. Full Name of Mother *Mary Johnston*
6. Mother's Maiden Name *Mary McElroy*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick Johnston*
9. Father's Occupation *Porter*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Annie McElroy*
- Address *104 Penn. Av.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34359

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 15<sup>th</sup> 1879
4. Place of Birth (Street and Number) No 300 Franklin St
5. Full Name of Mother Anna Rose
6. Mother's Maiden Name Eda Priscilla
7. Mother's Birthplace Anne Arundel Co.
8. Full Name of Father George Case
9. Father's Occupation Carver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lena Skillegis
- Address No 181 E Monument St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth Oct 19
4. Place of Birth (Street and Number) 85 mulican st
5. Full Name of Mother Fannie Carr
6. Mother's Maiden Name Fannie Robinson
7. Mother's Birthplace Cambridge md
8. Full Name of Father David Carr
9. Father's Occupation labor
10. Father's Birthplace Cambridge md
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Clara Johnson
- Address 32 Short St
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19<sup>th</sup> of October 1892*
4. Place of Birth (Street and Number) *~~17<sup>th</sup> of October~~ 14<sup>th</sup> North Wolfe*
5. Full Name of Mother *Justina Schabel*
6. Mother's Maiden Name *Justina Schabel*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Samuel Schabel*
9. Father's Occupation *Tobacconist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Prescentia Kunkel*
- Address *71 North Chappel street Justina Kunkel*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether male or female) \_\_\_\_\_
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *October the 19. 1879*
  4. Place of Birth (Street and Number) *N. Bond St. No 98.*
  5. Full Name of Mother *Eva Herzig*
  6. Mother's Maiden Name *Eva Weiss*
  7. Mother's Birthplace *Salzm. N. Preussen. Germany*
  8. Full Name of Father *Johann V. Herzig*
  9. Father's Occupation *Graver*
  10. Father's Birthplace *Wasserbach N. Prussia Germany*
- Name of Medical Attendant or other Person who makes this Return *Mary E. Muller*
- Address *N. Dallas St. No. 26*

Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311363

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19 of October 1879
4. Place of Birth (Street and Number) 12 17 York St.
5. Full Name of Mother Mrs. Mary Gallagher
6. Mother's Maiden Name Mrs. Mary Ballandry
7. Mother's Birthplace Ireland
8. Full Name of Father James Gallagher
9. Father's Occupation Seikater
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Sabena Grishaber
- Address 128 West St. Balt. Md.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34364

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

13th-

1. Sex (state whether Male or Female)

Female  
White

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 19th-

4. Place of Birth (Street and Number)

No 306 Acquith St-

5. Full Name of Mother

Susan Shaeffer-Lorentz-

6. Mother's Maiden Name

Susan Shaeffer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Andrew J Lorentz

9. Father's Occupation

Business Maker-

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm Whitebridge M.D.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34-365

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

19 October

4. Place of Birth (Street and Number)

No. 51 Richmond

5. Full Name of Mother

Sally Brady

6. Mother's Maiden Name

Sally Grimmer

7. Mother's Birthplace

Maryland

8. Full Name of Father

Charles J. Brady

9. Father's Occupation

Policeman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm Whitte

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct 17 1879*  
4. Place of Birth (Street and Number) *157 Hollington St*  
5. Full Name of Mother *Lizzie Eisenberg*  
6. Mother's Maiden Name *Lizzie Enslin*  
7. Mother's Birthplace *Berlin Prussia*  
8. Full Name of Father *John Eisenberg*  
9. Father's Occupation *Glazier*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Wm. C. Day*  
Address *193 Chester St*  
Remarks *Healthy*

That, any physician, neoncheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 19 1879*

4. Place of Birth (Street and Number) *494 Fremont St*

5. Full Name of Mother *Annie Mills*

6. Mother's Maiden Name *Annie Swan*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Nicholas Mills*

9. Father's Occupation *Street Car Driver*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Address *26 Boyd Wyke M.S.  
Cor. Town and and Argyle Ave.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- 34368
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 19th 1879*
4. Place of Birth (Street and Number) *1221 William St*
5. Full Name of Mother *Mary Streckfus*
6. Mother's Maiden Name *Kunt*
7. Mother's Birthplace *America*
8. Full Name of Father *Leonhardt Streckfus*
9. Father's Occupation *Police Officer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwaesser midwife*
- Address *350 Hanover St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

34369

DEPARTMENT OF HEALTH  
OCT 25 1879  
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second 2nd*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *October 19th 1879*  
4. Place of Birth (Street and Number) *79 S Eager Street*  
5. Full Name of Mother *Mary E Startzman*  
6. Mother's Maiden Name *Holland*  
7. Mother's Birthplace *Mem Hill Md*  
8. Full Name of Father *Melvin Startzman*  
9. Father's Occupation *Tanner & Currier*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *J E Hooks MD*  
Address *241 E Baltimore St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34370

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

OCT  
24  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

*Oct 19<sup>th</sup> 1879*

4. Place of Birth (Street and Number)

*51 Albemarle*

5. Full Name of Mother

*Barbara Schmalzer*

6. Mother's Maiden Name

*" Nuetzer*

7. Mother's Birthplace

*Beraria*

8. Full Name of Father

*John Schmalzer*

9. Father's Occupation

*Taylor*

10. Father's Birthplace

*" Stokes*

Name of Medical Attendant, or other Person who makes this return

Address

*John Morris*

Remarks

*& Junken*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

24371

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4th child*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct 19th 1879*  
4. Place of Birth (Street and Number) *345 Hanford Ave*  
5. Full Name of Mother *Alice Brown*  
6. Mother's Maiden Name *Alice Luke*  
7. Mother's Birthplace *Balti - City*  
8. Full Name of Father *Arthur L. Brown*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Balti - City*  
Name of Medical Attendant, or other Person who makes this Return. *Dr A. G. Watson*  
Address *4 37 N. Central Ave*  
Remarks

RECEIVED  
OCT 23 1879  
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

34-372

RECEIVED  
OCT 27 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 14 of October
4. Place of Birth (Street and Number) 1215 Pratt Street
5. Full Name of Mother Hilda Schatzky
6. Mother's Maiden Name Born Gember
7. Mother's Birthplace Baden
8. Full Name of Father Antony Schatzky
9. Father's Occupation Ice Dealer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Anna Lipdner
- Address 1845 S. Center
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



34373

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

3. Date of Birth

Dec. 19, 1879.

4. Place of Birth (Street and Number)

112 Central Ave.

5. Full Name of Mother

Mary Elizabeth Eckhardt

6. Mother's Maiden Name

Siltman.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

John Eckhardt.

9. Father's Occupation

Street Sweeper.

10. Father's Birthplace

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Dr. Wm. Morgan

Address

125 South Bay

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

543711  
OCT 27 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 18 Oct
4. Place of Birth (Street and Number) 203 Enson St
5. Full Name of Mother Mary McCabe
6. Mother's Maiden Name Bryan
7. Mother's Birthplace Included
8. Full Name of Father James McCabe
9. Father's Occupation Watchman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. T. Chisum
- Address No 7 Forrest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth 18 Oct  
4. Place of Birth (Street and Number) 170 N Front St  
5. Full Name of Mother Annie Keilley  
6. Mother's Maiden Name Bryn  
7. Mother's Birthplace Ireland  
8. Full Name of Father Patrick Keilley  
9. Father's Occupation Laborer  
10. Father's Birthplace Ireland  
Name of Medical Attendant, or other Person who makes this Return. Myrula F. Chrisman  
Address No 7 Forrest Place  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34376

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Oct 19<sup>th</sup> 1879
4. Place of Birth (Street and Number) 339 S Bond St
5. Full Name of Mother Mary Tiedebell
6. Mother's Maiden Name " Yersheid
7. Mother's Birthplace Ct.
8. Full Name of Father Chas Tiedebell
9. Father's Occupation Pianist
10. Father's Birthplace Ct.
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz
- Address 245 Canton Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311377

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth October 19th
4. Place of Birth (Street and Number) 402 Charles St
5. Full Name of Mother millie J. Fletcher
6. Mother's Maiden Name millie Johnson
7. Mother's Birthplace Worcester county
8. Full Name of Father Louis Fletcher
9. Father's Occupation labour
10. Father's Birthplace Worcester county
- Name of Medical Attendant, or other Person who makes this Return. Mrs Lydia Porter
- Address no 4 patuxco avenue
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34378

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 19<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *N. 320 N. Broadway*
5. Full Name of Mother *Mary Ellen Cremon*
6. Mother's Maiden Name *Mary Ellen Shaner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Stephen A. Cremon*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Dublin Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. H. H. H. M. D.*
- Address *1114 Park Ave*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34379

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the 3 child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *collard*
3. Date of Birth *october 14 1879*
4. Place of Birth (Street and Number) *Waters court No 11*
5. Full Name of Mother *Mary ellen stward*
6. Mother's Maiden Name *Mary ellen Johnson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wesley Johnson*
9. Father's Occupation *Carter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Louiser helbranson st. 1624*
- Address *these reports not being in is in the parents*
- Remarks *giving me these names in time*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34380

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *October 19th 1879*  
4. Place of Birth (Street and Number) *42 South Mount Street Baltimore*  
5. Full Name of Mother *May E. Escanille*  
6. Mother's Maiden Name *May E. Adams*  
7. Mother's Birthplace *Howard County*  
8. Full Name of Father *Wm McKenzie Escanille*  
9. Father's Occupation *Machinist*  
10. Father's Birthplace *Baltimore City*  
Name of Medical Attendant, or other Person who makes this Return *A. J. Bell (MD)*  
Address *234 Madison Avenue*  
Remarks



d

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34381

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Midnight of Oct 1879
4. Place of Birth (Street and Number) W. Lombard St. 404 City
5. Full Name of Mother Florence Elizabeth Rowles
6. Mother's Maiden Name Florence Elizabeth Weaver
7. Mother's Birthplace Baltimore County
8. Full Name of Father Charles Henry Rowles
9. Father's Occupation Merchant
10. Father's Birthplace Howard County Md.
- Name of Medical Attendant, or other Person who makes this Return. Samuel Henry M.D.
- Address 198. Druid Hill Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19<sup>th</sup> October
4. Place of Birth (Street and Number) LANCASTER ST No 97
5. Full Name of Mother Margaret Fuller
6. Mother's Maiden Name Engelhardt Martin
7. Mother's Birthplace Bavaria
8. Full Name of Father Engelhardt Fuller
9. Father's Occupation Laborer
10. Father's Birthplace Bavaria
- Name of Medical Attendant, or other Person who makes this Return. Maria Gittner
- Address 1106<sup>th</sup> Street 245.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34383

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SEP  
NOV  
3  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Oct. 19. 1879  
S. Bettelstr No 47  
Isabella Weber  
Diener  
Baltimore  
Joseph Weber  
Prospers ten  
Baltimore  
Herr Johann Maupach  
St. Walpstr No 14  
M. Grunfe

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

243811



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

14 Oct 1877

4. Place of Birth (Street and Number)

Baltimore St 240 West

5. Full Name of Mother

Dena. Kern

6. Mother's Maiden Name

Dena Diehl

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George V Kern

9. Father's Occupation

Safe Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Minch

Address

No 8 Leadenhall. Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 34385  
OCT 17 1891
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 15 - 91*
4. Place of Birth (Street and Number) *Maternity 163 W Lombard St.*
5. Full Name of Mother *Cora Smith*
6. Mother's Maiden Name *Reina*
7. Mother's Birthplace *Unknown*
8. Full Name of Father *Unknown*
9. Father's Occupation *Unknown*
10. Father's Birthplace *Unknown*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Brankin M.D.*
- Address *163 W Lombard St City*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34386

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4)*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 19th 1879*

4. Place of Birth (Street and Number) *55 Park St*

5. Full Name of Mother *Sarah J. Murphy*

6. Mother's Maiden Name *Woodford*

7. Mother's Birthplace *Dorchester Co. Md*

8. Full Name of Father *Nicholas A. Murphy*

9. Father's Occupation *Care Worker*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Dr. A. Blake*

Address *133 E. N. St.*

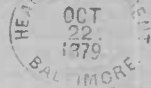
Remarks *Twins the 2nd Confinement with twins*

*both times. All four being boys the mother is alive. Also the Grand mother on the mother's side is*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
  2. Race or Color (if not of the white race)
  3. Date of Birth *October 20<sup>th</sup> 1879*
  4. Place of Birth (Street and Number) *No 38 Milliman St*
  5. Full Name of Mother *Florence Bell Young*
  6. Mother's Maiden Name *" " Riley*
  7. Mother's Birthplace *Baltimore*
  8. Full Name of Father *Samuel H Young*
  9. Father's Occupation *Submer*
  10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *J. Ridgway Andre*
- Address *No 121 E Baltimore*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, prior to birth, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup> Children*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *20<sup>th</sup> of October 1879.*
4. Place of Birth (Street and Number) *Hart Avenue No. 58*
5. Full Name of Mother *Mary Catty*
6. Mother's Maiden Name *Mary Macard.*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Michael Catty*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Ireland.*
- Name of Medical Attendant, or other Person who makes this Return. *Salena Grishaber*
- Address *No. 128 West St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 20 October 1879
4. Place of Birth (Street and Number) 48 President St
5. Full Name of Mother Ana Kraus
6. Mother's Maiden Name Anler
7. Mother's Birthplace N D
8. Full Name of Father Chrest Kraus
9. Father's Occupation Shoekeeper
10. Father's Birthplace N D
- Name of Medical Attendant, or other Person who makes this Return. Mrs Para Wasper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>d</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 20<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *430 Linden ave.*
5. Full Name of Mother *Mary Walsh*
6. Mother's Maiden Name *" " Shick*
7. Mother's Birthplace *Sweden*
8. Full Name of Father *Mathias Walsh*
9. Father's Occupation *Taylor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. Luchan*
- Address *No. 10 Essex St.*
- Remarks

# RETURN OF A BIRTH,

314.398

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 -

(state whether male or female)

Male

ace or Color, (if not of the white race)

Colored

ate of Birth

Oct. 20<sup>th</sup>

lace of Birth, (Street and Number)

1617 Hamstead Street.

ull Name of Mother

Jane Johnson.

other's Maiden Name

other's Birthplace

Baltimore city.

ull Name of Father

James A. Smith.

other's Occupation

Laborer

other's Birthplace

Baltimore city.

ame of Medical Attendant, or other Person who makes this Return.

Sam Campbell.

Address Union alley bet Fayette & Holland Streets

emarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9<sup>th</sup>  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Oct 20<sup>th</sup> 1879  
4. Place of Birth (Street and Number) Marshall Ave  
5. Full Name of Mother Dora Helen  
6. Mother's Maiden Name Dora Seiple  
7. Mother's Birthplace Germany Hesse Darmstadt  
8. Full Name of Father Charles H. Helen  
9. Father's Occupation Labourer  
10. Father's Birthplace Germany Swab  
Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton  
Address West Ave No 121  
Remarks doing well

Oct

OCT

23

1879

11. OCT

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

34893

DEPT.

OCT  
27  
1879

1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 20th 1879*

4. Place of Birth (Street and Number) *99 S Washington*

5. Full Name of Mother *Paula Schiaffins*

6. Mother's Maiden Name *Paula Moctals*

7. Mother's Birthplace *Italy*

8. Full Name of Father *Giovanni Schiaffins*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Italy*

Name of Medical Attendant, or other Person who makes this Return. *Geo B Reynolds M.D.,*

Address *48 N. Calvert*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth October 20 1879
4. Place of Birth, (Street and Number) 1116 Adams street, no. 22, no. 22, no. 22
5. Full Name of Mother Mary E. Eberlein
6. Mother's Maiden Name Mary E. Eberlein
7. Mother's Birthplace Baltimore city
8. Full Name of Father Edward Eberlein
9. Father's Occupation carver
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this return. Mary Eberlein
- Address 153 Collington
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 20 Oct

4. Place of Birth (Street and Number) 29 Front St 182

5. Full Name of Mother Mary McDough

6. Mother's Maiden Name Moley

7. Mother's Birthplace Ireland

8. Full Name of Father Wm McDough

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm J. Johnson

Address 107 Forest Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34396

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 20 Oct
4. Place of Birth (Street and Number) 13 Hillman St
5. Full Name of Mother Delia Braden
6. Mother's Maiden Name Meala
7. Mother's Birthplace New York
8. Full Name of Father Edward Braden
9. Father's Occupation Railroad Man
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Aunt J. Chrismen
- Address No 7 Forrest Place
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report: to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Octbr 20 1879  
4. Place of Birth (Street and Number) 351 Onliester.  
5. Full Name of Mother Friedricka Senger  
6. Mother's Maiden Name Fred Unverzagt  
7. Mother's Birthplace Germane  
8. Full Name of Father Georg Senger  
9. Father's Occupation Ra-bender  
10. Father's Birthplace Germane  
Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger  
Address 134 1/2 Bondstr.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34398

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct 29<sup>th</sup> 79.*  
4. Place of Birth (Street and Number) *# 20 China St*  
5. Full Name of Mother *Louise Ackerman*  
6. Mother's Maiden Name *Westrich*  
7. Mother's Birthplace *Bavaria*  
8. Full Name of Father *Henry Ackerman*  
9. Father's Occupation *grocery dealer*  
10. Father's Birthplace *Karlsruhe*  
Name of Medical Attendant, or other Person who makes this Return. *Mary Koch*  
Address *328 S. Eutan St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct. 20th*

4. Place of Birth (Street and Number) *No. 19 Hollins St.*

5. Full Name of Mother *Louisa Applegarth*

6. Mother's Maiden Name *Louisa ~~Scott~~ Sault*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Rufus Applegarth*

9. Father's Occupation *Lawyer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Felix ~~Levin~~ ~~Smith~~*

Address *No. 2 Cathedral St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7  
 1. Sex (state whether male or female) female  
 2. Race or Color (if not of the white race) White race  
 3. Date of Birth Oct 20<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) Thompson St 1  
 5. Full Name of Mother Abbie Harrison  
 6. Mother's Maiden Name " Kerner  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father Andrew Harrison  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Baltimore Md  
 Name of Medical Attendant, or other Person who makes this Return. Mrs R. C. C. C.  
 Address 48 Holland St  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color, of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 20<sup>th</sup>
4. Place of Birth (Street and Number) 05 Stagers St
5. Full Name of Mother Sarah Jane Stricker
6. Mother's Maiden Name Dassner
7. Mother's Birthplace Frederick County Md
8. Full Name of Father George Stricker
9. Father's Occupation Labour
10. Father's Birthplace Frederick County Md
- Name of Medical Attendant, or other Person who makes this Return. C. J. Mullerke
- Address 509 West Lombard St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE, CITY.

TH DEPA  
OCT  
1879  
IMOF

24402

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Mary Caroline Bell

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 20 1879

4. Place of Birth (Street and Number)

Oil Yard (port of Johnson St - -)

5. Full Name of Mother

Louisa

Bell

6. Mother's Maiden Name

Stokes

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

Adelbert Bell

9. Father's Occupation

Laborer

10. Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this Return.

Wm P. Ellis M.D.

Address

315 Light St

Remarks

Name added 7/31/91 by Mary Caroline Bell

Mary Caroline Bell

C.M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3111-03

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



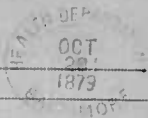
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *October 20<sup>th</sup>*
4. Place of Birth (Street and Number) *269 Cross St.*
5. Full Name of Mother *Anna. Margaretha Peters*
6. Mother's Maiden Name *Klye*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Claus Peter*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Windbagen, Holstein, Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Katharina Heunich*
- Address *No 8 Lundenbath ste.*
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 20 1879*
4. Place of Birth (Street and Number) *No. 185 Battery Avenue Baltimore*
5. Full Name of Mother *Margaret A. Door*
6. Mother's Maiden Name *Margaret A. Merriman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John P. Door*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Northampton Bay State of Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *M<sup>rs</sup> Conway*
- Address *185 Battery Avenue*
- Remarks





That any physician, accoucheur, midwife, or other person in charge, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34405

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

HE  
OCT  
22  
1879  
B  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 21st 1879*
4. Place of Birth (Street and Number) *Maternity 163 W. Lombard St.*
5. Full Name of Mother *Estrode Brown*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Va.*
8. Full Name of Father *unknown*
9. Father's Occupation *"*
10. Father's Birthplace *"*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Brinkham M.D.*
- Address *163 W. Lombard St.*
- Remarks *Mother and Child doing well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311406

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Black*

3. Date of Birth *Oct 21st*

4. Place of Birth (Street and Number) *222 Bowdoin st*

5. Full Name of Mother *Mary Meed*

6. Mother's Maiden Name *Mary Miller*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *John Meed*

9. Father's Occupation *Ragman*

10. Father's Birthplace *Prince Georges*

Name of Medical Attendant, or other Person who makes this Return. *Chas E Sadler M.D.*

Address *649 Anna Ave*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth.

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

October 21-1879-

4. Place of Birth (Street and Number)

No. 38 Arnyle Avenue

5. Full Name of Mother

Anna M. Christhilf

6. Mother's Maiden Name

Gill

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Henry B. Christhilf

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Samuel T. Knight M.D.

Address

112 N. Greene St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 21. 1879*
4. Place of Birth (Street and Number) *138 William St*
5. Full Name of Mother *Mary E. Smith*
6. Mother's Maiden Name *B. Brathwaite*
7. Mother's Birthplace *Baltimore Co*
8. Full Name of Father *Lemuel T Brathwaite*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Eastern shore Worcester*
- Name of Medical Attendant, or other Person who makes this Return, *Thos H. H. H.*
- Address
- Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th  
(state whether male or female) Male  
Race or Color, (if not of the white race) White race  
Date of Birth October the 21  
Place of Birth, (Street and Number) Baltimore East at No 29  
Full Name of Mother Leased Harding  
Mother's Maiden Name Leased Dorsey  
Mother's Birthplace Baltimore  
Full Name of Father Wapton Harding  
Father's Occupation laborer  
Father's Birthplace Harwell Co. Md  
Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hubbard  
Address East at No 29  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34410

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21st October 1879*
4. Place of Birth (Street and Number) *106 Mulberry St Balt<sup>y</sup> Md*
5. Full Name of Mother *Catherine Appleby*
6. Mother's Maiden Name *" Miller*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John D. Appleby*
9. Father's Occupation *Milkman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Guy*
- Address *Mrs Guy 113 Holdens St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34411 17

OCT  
27  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1. 45 A.M., October 21<sup>st</sup> 1879*
4. Place of Birth (Street and Number) *485 Saratoga St., Balto., Md.*
5. Full Name of Mother *Rebecca Gullett*
6. Mother's Maiden Name
7. Mother's Birthplace *Balto., Md.*
8. Full Name of Father *D. Frank Gullett*
9. Father's Occupation *Cabinetmaker*
10. Father's Birthplace *Balto., Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. M. Dickerson M.D.*
- Address *N.W. Cor. Arlington & Harlem Sts.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34413

OCT  
27  
1879

IMOP

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight (8<sup>th</sup>)*  
1. Sex (state whether ~~Male~~ or Female) *Female*  
2. Race or Color (if not of the white race) *colored*  
3. Date of Birth *October 21<sup>st</sup>, 1879*  
4. Place of Birth (Street and Number) *No. 290 East Fayette St.*  
5. Full Name of Mother *Leathaine Jennings*  
6. Mother's Maiden Name *Co. Parrish*  
7. Mother's Birthplace *Virginia*  
8. Full Name of Father *Charles F. Jennings*  
9. Father's Occupation *Sailor*  
10. Father's Birthplace *Maryland*  
Name of Medical Attendant, or other Person who makes this Return *Wm H. Clendenen*  
Address *No 102 N Broadway*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

94413

DEF  
OCT  
27  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2?)*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 21<sup>st</sup>, 1879*
4. Place of Birth (Street and Number) *E. Lombard St. Ar. Duncan Alley*
5. Full Name of Mother *Mrs. Elizabeth Johnston*
6. Mother's Maiden Name *Miss E. Downie*
7. Mother's Birthplace *Scotland*
8. Full Name of Father *Mr. George Johnston*
9. Father's Occupation *Druggist*
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. *Wm H. Clendinning M.D.*
- Address *No. 102 N. Broadway*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311414-  
REPA  
NOV  
1879  
1094

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 21<sup>st</sup> 79
4. Place of Birth (Street and Number) St. Charles St
5. Full Name of Mother Mary Ziegler
6. Mother's Maiden Name Krausen
7. Mother's Birthplace Kurhessen
8. Full Name of Father John Ziegler
9. Father's Occupation Librarian
10. Father's Birthplace Kurhessen
- Name of Medical Attendant, or other Person who makes this Return. Mary Koch
- Address 328 f. Eutam St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth # 29 Getting St
4. Place of Birth (Street and Number) 214 Oct St
5. Full Name of Mother Malinda Jenkins
6. Mother's Maiden Name Riddle
7. Mother's Birthplace Baltimore
8. Full Name of Father Frederick Jenkins
9. Father's Occupation Lab. on
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Koch
- Address 1328 f. Eastern St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34416

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White race
3. Date of Birth Oct 21<sup>st</sup> 1879
4. Place of Birth (Street and Number) Gay St 567
5. Full Name of Mother Caroline Loeffler
6. Mother's Maiden Name Widger
7. Mother's Birthplace Balto Md
8. Full Name of Father Edward Loeffler
9. Father's Occupation Cigar Maker
10. Father's Birthplace Balto Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Cillig
- Address 48 Hollander St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

34-11-17  
NOV 17 1889  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Oct 21<sup>st</sup>
4. Place of Birth (Street and Number) 101 N High st
5. Full Name of Mother Pauline
6. Mother's Maiden Name Martelli
7. Mother's Birthplace France
8. Full Name of Father Angelo Grossi
9. Father's Occupation Actor
10. Father's Birthplace Venice
- Name of Medical Attendant, or other Person who makes this Return. D. F. Royner M.D.
- Address 134 N High st
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34418

OCT  
27  
1879

IN-0

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th  
male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 21

4. Place of Birth (Street and Number)

327 Hanover St

5. Full Name of Mother

Lucy Hodges  
Arnold

6. Mother's Maiden Name

7. Mother's Birthplace

Ind

8. Full Name of Father

John Hodges  
Printer

9. Father's Occupation

10. Father's Birthplace

Ind  
R. H. P. H. O.

Name of Medical Attendant, or other Person who makes this Return.

Address

315 Light St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

34419  
HEALTH DEPT  
OCT 28 1879

Ninth  
Female

Oct 21<sup>st</sup> 1879

158 Battery Ave

Jane Elizabeth Penn

Geislar

Philadelphia

Geo W Penn

Boiler Manufacturer

Battery

Mrs Conway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34420

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 21<sup>st</sup> 1879 12 hours "Boy"

4. Place of Birth (Street and Number) 14 Jackson Square

5. Full Name of Mother Mary Elizabeth Small

6. Mother's Maiden Name Mary E. Welchard

7. Mother's Birthplace Massachusetts

8. Full Name of Father Joseph Donnell Small

9. Father's Occupation Merchant

10. Father's Birthplace Massachusetts

Name of Medical Attendant, or other Person who makes this Return James E. Donnell M.D.

Address 299 E. Balt. Street

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34421

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

OCT  
31  
1877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) male
  2. Race or Color (if not of the white race) White
  3. Date of Birth Oct. 21<sup>st</sup> 1877
  4. Place of Birth (Street and Number) No 230 Chase st
  5. Full Name of Mother Barbara Willinger
  6. Mother's Maiden Name Barbara Singer
  7. Mother's Birthplace Balt
  8. Full Name of Father Mr Willinger
  9. Father's Occupation miller
  10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Anna E. Rogers
- Address 152 E Monument st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34423  
HEALTH DEPARTMENT  
OCT 26 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1<sup>st</sup>  
Male  
White  
Oct 22<sup>d</sup> 1879  
# 220 S. Howard St  
Grace M. McKins  
Grace McKins Dryles  
Scotland  
Robt McKins  
Mechanic  
Scotland  
1613 North Mt  
17 Warren av

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 22nd 1879*
4. Place of Birth (Street and Number) *No 3 Grays court*
5. Full Name of Mother *Margaret Rogers*
6. Mother's Maiden Name *Goschel*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Peter Rogers*
9. Father's Occupation *Labarer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwaab midwife*
- Address *130 Hanover St.*
- Remarks

Every person who has charge of a birth, or who is present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3144914

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

OCT  
23  
1879

IMORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Celare*
3. Date of Birth *Oct 22nd*
4. Place of Birth (Street and Number) *Balto Raborg St 184*
5. Full Name of Mother *Lizzie Boston*
6. Mother's Maiden Name *Sarah Hebrew*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Thomas Boston*
9. Father's Occupation *Cart-Driving*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Hebrew*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

34425  
The 4. Child  
Female Child  
Color  
22 of October  
34 of Peach alley  
Maryann Conny  
Maryann Phila Min  
Calvert County  
William Carady  
Drammer  
Baltimore M.D.  
Milly Gross  
1151 Green street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

341126

U.S.  
27  
1879

IMOR

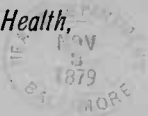
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 22<sup>d</sup> of October, 1879
4. Place of Birth (Street and Number) 86 Hampster
5. Full Name of Mother Maggie Rodde
6. Mother's Maiden Name McMaster
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Rodde
9. Father's Occupation Turner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley
- Address No 12 Patterson Park Av
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34427

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White,
3. Date of Birth Oct. 22. 1879.
4. Place of Birth (Street and Number) 254 Priestman St.,
5. Full Name of Mother Lucy Gault Boswell,
6. Mother's Maiden Name Gault,
7. Mother's Birthplace A. A. Co. Md.
8. Full Name of Father Fielden B. S. Boswell,
9. Father's Occupation Builder,
10. Father's Birthplace Baltimore Co., Md.
- Name of Medical Attendant, or other Person who makes this Return. J. L. Ingle M. D.
- Address 247 Lawrence St.
- Remarks

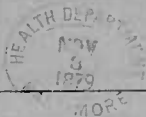
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34428

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Fifth*  
*Female*

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

*October 22, 1879*

4. Place of Birth, (Street and Number)

*No 137 N. Eddy. Street*

5. Full Name of Mother

*Harriett Henry*

6. Mother's Maiden Name

*Harriett Frankman*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*Thomas Henry*

9. Father's Occupation

*Printer*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Mary C. Caldwell*

Address *284 St. George St*

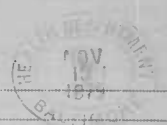
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether male or female) *Girl*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct 22nd 1899*  
4. Place of Birth (Street and Number) *#2 Spruce Alley*  
5. Full Name of Mother *Mary Eliza Ruckl Tickers*  
6. Mother's Maiden Name *Mary Eliza Ruckl*  
7. Mother's Birthplace *Balto*  
8. Full Name of Father *B. F. Tickers*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Balto*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Quinn*  
Address *#171 N Washington St*  
Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

*Fourth*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*Oct 16th 1879*

4. Place of Birth (Street and Number)

*321 N Canal St*

5. Full Name of Mother

*Annie Busch*

6. Mother's Maiden Name

*Schubert*

7. Mother's Birthplace

*Balt City*

8. Full Name of Father

*Michael Busch*

9. Father's Occupation

*Tailor*

10. Father's Birthplace

*York Pa*

Name of Medical Attendant, or other Person who makes this Return.

*Dr. Silas W. A.*

Address

Remarks

*For Busch (Carolus) Strick*

# RETURN OF A BIRTH.

314431

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

OCT  
28  
1879

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

(state whether Male or Female)

Boy

Race or Color (if not of the white race)

White

Date of Birth

Oct-22-1879

Place of Birth (Street and Number)

Burk St- N1

Full Name of Mother

Mary Catherine Disoney

Mother's Maiden Name

Long

Mother's Birthplace

Baltimore

Full Name of Father

James Disoney

Father's Occupation

Painter

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catharine V. Davis

Address

N6 & Chesler St-

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct-22<sup>nd</sup> 1879
4. Place of Birth (Street and Number) No 7 Warren St in the Court
5. Full Name of Mother Ellen Casey
6. Mother's Maiden Name
7. Mother's Birthplace Accomac Co Virginia
8. Full Name of Father Peter Casey
9. Father's Occupation Labore
10. Father's Birthplace Accomac County Va
- Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas
- Address. 71 Burgundy Alley
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34433

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Cauc
3. Date of Birth Oct the 22
4. Place of Birth (Street and Number) Liberty Alley Court
5. Full Name of Mother Mrs. J. J. Jones
6. Mother's Maiden Name Mrs. J. J. Jones
7. Mother's Birthplace Chesapeake
8. Full Name of Father John Henry Jones
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. J. Jones
- Address No 18 Jordan Alley
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

344314

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

First

~~Female~~

white

Oct. 22<sup>nd</sup> 1879

No. 229 Gough St.

Mary E. Manson

Denkins

Balto. city

Geo. Manson

Seaman

Balto. city

Dr. R. W. Mansfield

117 S. Broadway

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

# RETURN OF A BIRTH.

34435

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 22<sup>nd</sup> October
4. Place of Birth (Street and Number) 92. 1. Bond St
5. Full Name of Mother Laura E. Prado -
6. Mother's Maiden Name Pratto -
7. Mother's Birthplace Cuba -
8. Full Name of Father Miguel I. Prado
9. Father's Occupation Clark -
10. Father's Birthplace Cuba -
- Name of Medical Attendant, or other Person who makes this Return. J. J. G. Sp.
- Address 137 Orleans St -
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34436

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth October 22 1879

4. Place of Birth, (Street and Number) Pierce St No 168

5. Full Name of Mother Anna C. Hostetter

6. Mother's Maiden Name Anna C. Giensthiel

7. Mother's Birthplace Baltimore Ind

8. Full Name of Father Philip Hostetter

9. Father's Occupation Brass Finisher

10. Father's Birthplace Baltimore Ind

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter

Address 2141 Pappalton St

Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
3  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Oct. 22. 1879
4. Place of Birth (Street and Number) W. Durhamstr No 332
5. Full Name of Mother Barbara Geheny
6. Mother's Maiden Name Wuller
7. Mother's Birthplace Baltimore
8. Full Name of Father Valentin Geheny
9. Father's Occupation Builder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. H. P. P. P. P.
- Address S. Halfstr No 124
- Remarks live

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34428

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female White*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *22 October 1879*
4. Place of Birth (Street and Number) *52 Hogden St*
5. Full Name of Mother *Jennie Sporer*
6. Mother's Maiden Name *Jennie Arnold*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Andrew Sporer*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Jennie Misenzahl*
- Address *164 Penna St*
- Remarks

# RETURN OF A BIRTH.

24439

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

OCT  
25  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

October 23. 1879

4. Place of Birth (Street and Number)

Chail Child Richetts court No 8

5. Full Name of Mother

Henry Wilson

6. Mother's Maiden Name

7. Mother's Birthplace

Heart Island Md

8. Full Name of Father

George Wright

9. Father's Occupation

Cyber Shaker

10. Father's Birthplace

Brit raise Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Recd Return of Birth Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

344110

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

HEALTH DEPT.  
OCT  
24  
1879  
MORT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether ~~Male~~ *Female*)

2. Race or Color (if not of the white race)

3. Date of Birth *Oct 23rd '79*

4. Place of Birth (Street and Number) *172 N High*

5. Full Name of Mother *Annie Johnson*

6. Mother's Maiden Name *" Healy*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Harry Johnson*

9. Father's Occupation *Morocco Finisher*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *John Martin*

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

314 14 141

DEPT. OF HEALTH  
23  
379  
IMMORTALITY

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 23<sup>rd</sup>
4. Place of Birth (Street and Number) No. 544 Hanover st
5. Full Name of Mother Annie C. Watts
6. Mother's Maiden Name Annie C. Flusby
7. Mother's Birthplace Charlottesville Va
8. Full Name of Father George I. Watts
9. Father's Occupation Engineer of B. & O. R.R.
10. Father's Birthplace Frederic city Md
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton
- Address No 121 Post Ave
- Remarks doing well

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

3111421

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 23<sup>rd</sup> 1879

4. Place of Birth (Street and Number)

Baltimore Charles St No 240. S

5. Full Name of Mother

Sophia Shuman

6. Mother's Maiden Name

Buchman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas Shuman

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

M<sup>rs</sup> Elizabeth Scarborough

Address

No 220 Montgomery St Balt

Remarks

1

See receipt of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34443

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

RECEIVED  
OCT 18 1893  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 23 of October
4. Place of Birth (Street and Number) N. 12 Steter st
5. Full Name of Mother Ellen King
6. Mother's Maiden Name Ellen Gorman
7. Mother's Birthplace Ireland
8. Full Name of Father Michael King
9. Father's Occupation Trunk maker
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Ediga Felenmery
- Address N. 75 Steter st
- Remarks The child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 23 1874*
4. Place of Birth (Street and Number) *3 Gordon St*
5. Full Name of Mother *Rachel Senles*
6. Mother's Maiden Name *Jessiel Sanders*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *James Senles*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Hurck St*
- Remarks

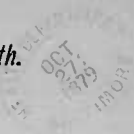


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

3144-14-5



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23 of October*
4. Place of Birth (Street and Number) *No. 209 E Lombard st*
5. Full Name of Mother *Teresa Padgett*
6. Mother's Maiden Name *Teresa Schoolden*
7. Mother's Birthplace *America*
8. Full Name of Father *George Padgett*
9. Father's Occupation *labor*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *Eliza Flemming*
- Address *No 95 Albemarle*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34446

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

INDEX

OCT  
27  
1879

100

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

23<sup>d</sup> Oct<sup>r</sup> 1879

4. Place of Birth (Street and Number)

400 Euton Place

5. Full Name of Mother

Mrs. Thos. C. Chappell

6. Mother's Maiden Name

Miss Maria Wolfe

7. Mother's Birthplace

Pa

8. Full Name of Father

Mrs. C. Chappell

9. Father's Occupation

Merchant

10. Father's Birthplace

Pa

Name of Medical Attendant, or other Person who makes this Return

Christopher Johnson M.D.

Address

to 82 Franklin St.

Remarks

Pedion but otherwise Natural

Labor.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Oct. 20<sup>th</sup> 1879.

DE.

IMC

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Oct. 23<sup>rd</sup> 1879.
4. Place of Birth (Street and Number) 17 Chaffin St.
5. Full Name of Mother Lizzie Hamilton.
6. Mother's Maiden Name Lizzie Fisher.
7. Mother's Birthplace Germany.
8. Full Name of Father Joseph Ammend.
9. Father's Occupation Cooper.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.
- Address No. 137 N. St.
- Remarks CHS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Oct 23<sup>d</sup> 1877
4. Place of Birth (Street and Number) 258 E Pratt st
5. Full Name of Mother Mary Desfler
6. Mother's Maiden Name " Sterner
7. Mother's Birthplace City
8. Full Name of Father Michael Desfler
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz
- Address 245 Canton Ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

3444-9  
TH OEP  
1879  
BAL  
MORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether male or female) male  
2. Race or Color (if not of the white race) white  
3. Date of Birth Oct 20<sup>th</sup>  
4. Place of Birth (Street and Number) 112 Russell St  
5. Full Name of Mother Christina Gifford  
6. Mother's Maiden Name Weston  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Henry Gifford  
9. Father's Occupation Dry Goods  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mary Koch  
Address 328 E. Eutam St  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34450

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 23<sup>rd</sup> 1879.*
4. Place of Birth (Street and Number) *Westport Street*
5. Full Name of Mother *Christina Gjermeshausen*
6. Mother's Maiden Name *Christina Choene*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Jac Gjermeshausen*
9. Father's Occupation
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Dorothea Baer*
- Address *117 Battery St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

34451

1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 23<sup>rd</sup> 1879*
4. Place of Birth (Street and Number) *388 N Charles St*
5. Full Name of Mother *S. Virginia Goldsmith*
6. Mother's Maiden Name *S. V. Miller*
7. Mother's Birthplace *Pennsylvania*
8. Full Name of Father *S. Goldsmith*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Milburn*
- Address *121 N. Holliday St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

34452  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth October 23, 1877
4. Place of Birth, (Street and Number) No 410 E. Egan Street
5. Full Name of Mother Anna M. Lauer
6. Mother's Maiden Name Anna M. Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father Andrew Lauer
9. Father's Occupation Police Officer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell
- Address 286 N. Conogh St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34453

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

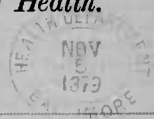


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 17. 1879
4. Place of Birth (Street and Number) 20-244 Long St.
5. Full Name of Mother Mrs. Jones
6. Mother's Maiden Name Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father John Smith
9. Father's Occupation Clerk
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Smith
- Address 20-244 Long St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) Jewish
3. Date of Birth Oct 23 1879
4. Place of Birth (Street and Number) Eden St 250
5. Full Name of Mother Isabelle Oppenheimer
6. Mother's Maiden Name Loewenthal
7. Mother's Birthplace Balt Md
8. Full Name of Father Daniel Oppenheimer
9. Father's Occupation Bookbinder
10. Father's Birthplace Balt Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ulvig
- Address 48 Hollist St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

October 23<sup>rd</sup>

4. Place of Birth, (Street and Number)

108 Durham St

5. Full Name of Mother

Lenna Ballard

6. Mother's Maiden Name

7. Mother's Birthplace

Prince H Ann Somerset Co

8. Full Name of Father

Moses Stevenson

9. Father's Occupation

Driver

10. Father's Birthplace

Worcester Co Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

NOV

1879

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 27 1886
4. Place of Birth (Street and Number) 800 Madison St
5. Full Name of Mother Margaret Arnold
6. Mother's Maiden Name Boyle
7. Mother's Birthplace Germany
8. Full Name of Father Carlisle L. Arnold
9. Father's Occupation Insurance
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. C. L. H. H. H. H.
- Address 529 West Lombard St
- Remarks

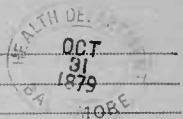
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 23/79
4. Place of Birth (Street and Number) 245 William Street
5. Full Name of Mother Ann E. Hood
6. Mother's Maiden Name Tipton
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Hood
9. Father's Occupation Conductor B. & O. R.R.
10. Father's Birthplace Cumby Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. H. L. Spier Trust
- Address 379 W. Lombard St
- Remarks \_\_\_\_\_



**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

# RETURN OF A BIRTH.

34453

*To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.*



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Print

1. Sex (state whether Male or Female)

Final

2. Race or Color (if not of the white race)

Walter

3. Date of Birth.....

Det. 23rd/8/19

4. *Place of Birth (Street and Number)*

J. H. E. Page & Co. East & West

5. Full Name of Mother

Alfred P. Redick

6. *Mother's Maiden Name*

Stroetmann

- ### 7. Mother's Birthplace

Dallas City

8. Full Name of Father

nos deoich, Prichitel

- ### 9. Father's Occupation

*Staph. rufus*

- ### 10. Father's Birthplace

Fall City

Name of Medical Attendant, or other Person who makes this Return.

J. C. Edwards

**Address**

St. George, Guyana, formerly British

Remarks

# RETURN OF A BIRTH.

34439

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

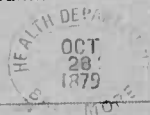
OCT  
28  
1879

Child of Mother, (state whether 1st, 2d, 3d, &c.) 13<sup>th</sup>  
(state whether male or female) male  
Race or Color (if not of the white race) white  
Date of Birth Oct 23<sup>rd</sup> 1879  
Place of Birth (Street and Number) No 114 Port Ave  
Full Name of Mother Mary E Raffle  
Mother's Maiden Name Mary E Hodges  
Mother's Birthplace Balt city  
Full Name of Father Joseph Raffle  
Father's Occupation Boat man  
Father's Birthplace Dorchester Co md  
Name of Medical Attendant, or other Person who makes this Return. Elizabeth Whitten  
Address Port Ave No 121  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar inforeaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5-11

Male

White

23d Oct 79.

Gay St. E. 212

Lena Miller

Lena Heiber

Balto City

Phillipp Miller

Shoe Maker

Germany

Mary Miller

1257 Lawrence

Balto City



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

OCT  
26  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 23
4. Place of Birth (Street and Number) 88 Ann
5. Full Name of Mother Guise Michael
6. Mother's Maiden Name Guise Albert
7. Mother's Birthplace Baltimore
8. Full Name of Father Garnett Michael
9. Father's Occupation Labor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Mrs Mary Todd
- Address 99 Lancaster St
- Remarks

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

October 23<sup>rd</sup> 1879

4. Place of Birth (Street and Number)

No. 367 Franklin St.

5. Full Name of Mother

Mary Ann Torney

6. Mother's Maiden Name

Mary Ann Kerns

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Benjamin Franklin Torney

9. Father's Occupation

Hardware Maker

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

J. Tyler Smith M.D.

Address

231 Sans St. Balt. City

Remarks

Child delivered all right, but some trouble in delivering

The placenta - hour-glass contraction of uterus - inversion of uterus &c.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th.

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

Oct. 23rd. 1879.

4. Place of Birth (Street and Number)

62 Monroe St. Baltimore City.

5. Full Name of Mother

Jocanna Grammar.

6. Mother's Maiden Name

Jocanna Pool

7. Mother's Birthplace

Fredricks County. Md.

8. Full Name of Father

John W. Grammar.

9. Father's Occupation

Formerly a Merchant.

10. Father's Birthplace

Hammerman Commercial County

Name of Medical Attendant, or other Person who makes this Return.

W. J. Leman.

Address

435 W. Mc Henry St.

Remarks

Strong healthy child.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 23<sup>rd</sup> 1879*
4. Place of Birth (Street and Number) *70 Harrison St*
5. Full Name of Mother *Regina Mansberg*
6. Mother's Maiden Name *" " " Cohn*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Louis Mansberg*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Barbara Reiss*
- Address *26 N. Frederick St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) <sup>Female</sup> \_\_\_\_\_
2. Race or Color (if not of the white race) <sup>White</sup> \_\_\_\_\_
3. Date of Birth <sup>Oct 28/79</sup> \_\_\_\_\_
4. Place of Birth (Street and Number) <sup>54 S. Thunders</sup> \_\_\_\_\_
5. Full Name of Mother <sup>Ella Duckroth</sup> \_\_\_\_\_
6. Mother's Maiden Name <sup>" Moran</sup> \_\_\_\_\_
7. Mother's Birthplace <sup>Baltimore</sup> \_\_\_\_\_
8. Full Name of Father <sup>Wm T. Duckroth</sup> \_\_\_\_\_
9. Father's Occupation <sup>Carpenter</sup> \_\_\_\_\_
10. Father's Birthplace <sup>Baltimore</sup> \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. <sup>A. L. Heath</sup> \_\_\_\_\_
- Address <sup>379 N. Lombard</sup> \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34466

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 23rd 1879
4. Place of Birth (Street and Number) Maternity 163 W. Lombard St.
5. Full Name of Mother Lilly Bonice
6. Mother's Maiden Name Lilly Young
7. Mother's Birthplace Maryland
8. Full Name of Father Thos Bonice
9. Father's Occupation Engineer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. J. H. Frankham M.D.
- Address 163 W. Lombard St. City
- Remarks Mother and child doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34467

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Brown skin
3. Date of Birth 13
4. Place of Birth (Street and Number) 10 Green willow court
5. Full Name of Mother Faney Matthews
6. Mother's Maiden Name Faney Matthews
7. Mother's Birthplace City of Baltimore
8. Full Name of Father Harry W. White
9. Father's Occupation hod carrier
10. Father's Birthplace Balti'more
- Name of Medical Attendant, or other Person who makes this Return. L. Somerville
- Address No 13 Clinton ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34468

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 23rd. 1<sup>35</sup> P.M. 1879. Sat*

4. Place of Birth (Street and Number) *266 E. Baltimore Street*

5. Full Name of Mother *Margaret H. Kearney*

6. Mother's Maiden Name *Margaret Hambrogher*

7. Mother's Birthplace *Balto. City*

8. Full Name of Father *Samuel Kearney*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Samuel E. Linnelle M.D.*

Address *299 E. Baltimore Street*

Remarks



# RETURN OF A BIRTH.

34469  
1

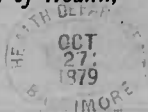
To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 23<sup>rd</sup> 1879
4. Place of Birth (Street and Number) No 301 N. Central St
5. Full Name of Mother Louisa Buchal
6. Mother's Maiden Name Louisa Mohr
7. Mother's Birthplace Germany
8. Full Name of Father Robert Buchal
9. Father's Occupation Teacher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. Williams
- Address 401 N. Monument St
- Remarks

# RETURN OF A BIRTH.

34477

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



1. Name of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth  
Female

2. Sex (state whether Male or Female)

3. Race or Color (if not of the white race)

4. Date of Birth

Oct 27 1899

5. Place of Birth (Street and Number)

No 276 E Madison St

6. Full Name of Mother

Mary Ann Franz

7. Mother's Maiden Name

Mary Ann Thompson

8. Mother's Birthplace

Baltimore

9. Full Name of Father

John A. Franz

10. Father's Occupation

Sailor

11. Father's Birthplace

German

12. Name of Medical Attendant, or other Person who makes this Return.

Samuel E. Gossell M.D.

Address

No 29 Asquith St

Remarks

con-  
name

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the name, age, nativity, and residence of the parents, and the maiden name of the mother of such child.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

## BALTIMORE CITY.

No.	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sex (state whether male or female)	Race or Color (if not of the white race)	Date of Birth	Place of Birth (Street and Number)	Full Name of Mother	Mother's Maiden Name	Mother's Birthplace	Full Name of Father	Father's Occupation	Father's Birthplace	Name of Medical Attendant, or other Person who makes this Return.	Address	Remarks
1.	6	Male	White	24 Oct	86 Front St	Catharine Duell	Stevenson	Alabama	Charles Duell	Tailor	Prussian	Anna L. Schneider	No 7 Forrest Place	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

311172  
OCT 24 1899  
IMPROV

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
- Sex (state whether male or female) Male
- Race or Color (if not of the white race) white
- Date of Birth 24 Oct
- Place of Birth (Street and Number) 468 Madison St
- Full Name of Mother Catharine Gauss
- Mother's Maiden Name Stengel
- Mother's Birthplace Hartford County
- Full Name of Father 46 Frederick Gauss
- Father's Occupation Salesman
- Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. J. Thomsen
- Address No 7 Forrest Place
- Remarks

rect. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parentage, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34473

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Oct 24<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *216 E Pratt St*
5. Full Name of Mother *Carrie Faulstich*
6. Mother's Maiden Name *Sigler*
7. Mother's Birthplace *City*
8. Full Name of Father *John Faulstich*
9. Father's Occupation *Hair Dresser*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*
- Address *245 Canton Ave*
- Remarks \_\_\_\_\_

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>d</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 24<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *180 Hamburg St*
5. Full Name of Mother *Elizabeth Kroedel*
6. Mother's Maiden Name *Park*
7. Mother's Birthplace *Hanover Germany*
8. Full Name of Father *Herman Kroedel*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Jackson*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Koch*
- Address *328 E. Euterpe St.*
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

341475

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 24th 1899
4. Place of Birth (Street and Number) Bethel St 14
5. Full Name of Mother Amelia Welders
6. Mother's Maiden Name Welders
7. Mother's Birthplace Prussia
8. Full Name of Father Reinhold Welders
9. Father's Occupation Gardner
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ulley
- Address 48 Holland St
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

OTHER NAME ADDED 6-13-50

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Mary Loretta Jamison

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

24 October 1879

4. Place of Birth (Street and Number)

176 Division St

5. Full Name of Mother

Catharine Jamison

6. Mother's Maiden Name

Slattery

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Richard C Jamison

9. Father's Occupation

clerk

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Marbury Brewster

Address

68 E. Calver Street

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar (foresaid), within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT  
28  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24 October*
4. Place of Birth (Street and Number) *47 Etting St*
5. Full Name of Mother *Elisbeth A. Fredericks*
6. Mother's Maiden Name *Trizell*
7. Mother's Birthplace *Camberland Md*
8. Full Name of Father *David H Fredericks*
9. Father's Occupation *Trinner*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. J. J. J.*
- Address *No 12 Holland St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34478

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

OCT  
29  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 24<sup>th</sup> 1879
4. Place of Birth (Street and Number) 45 Burgundy Alley
5. Full Name of Mother Harriet Bailey
6. Mother's Maiden Name
7. Mother's Birthplace Balt City
8. Full Name of Father Edward Bailey
9. Father's Occupation Sailor
10. Father's Birthplace Accomac County Virginia
- Name of Medical Attendant, or other Person who makes this Return. Spencer Thomas
- Address 11 Burgundy Alley
- Remarks

Return of a Birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex (state whether male or female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October the 24. 1879*
4. Place of Birth (Street and Number) *N. Dungan St. No. 59.*
5. Full Name of Mother *Louise Peleson*
6. Mother's Maiden Name *Louise Schwinger*
7. Mother's Birthplace *Kreuzburg, Pr. Sachsen, Germany*
8. Full Name of Father *Henry Peleson*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Hanover, Pr. Preussen, Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Miller*

Address *N. Dallas St. No. 26,*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

34480



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 24 1879
4. Place of Birth (Street and Number) 26ys 2ly No 30
5. Full Name of Mother Sarah Hoffman
6. Mother's Maiden Name Sarah Langdon
7. Mother's Birthplace Baltimore
8. Full Name of Father Frederick Hoffman
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson
- Address No 10 26ys Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34451

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *24 May 1875*
4. Place of Birth (Street and Number) *220 E. 1<sup>st</sup> St.*
5. Full Name of Mother *Mary Bennett*
6. Mother's Maiden Name *Mary Sammons*
7. Mother's Birthplace *Stonhamberland County Pa.*
8. Full Name of Father *Charles Bennett*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Richmond Virginia*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. Wilson*
- Address *252 Hughes Street*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

54482

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth Nov. Oct 24<sup>th</sup>
4. Place of Birth, (Street and Number) Baltimore Leadenhall St. No. 42
5. Full Name of Mother Margaret Johnson
6. Mother's Maiden Name McGinnis
7. Mother's Birthplace Baltimore
8. Full Name of Father James Johnson
9. Father's Occupation Laborer
10. Father's Birthplace St. Louis, Mo.
- Name of Medical Attendant, or other Person who makes this Return. Amelie Wilson
- Address 944 Charming St
- Remarks \_\_\_\_\_

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24th October*
4. Place of Birth (Street and Number) *6248 Euter St.*
5. Full Name of Mother *Elizabeth G. Simon*
6. Mother's Maiden Name *Schneider*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John G. Simon*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Sophia Simon*
- Address *No 70 Franklin St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 24th/79*
4. Place of Birth (Street and Number) *41 E. Bay St*
5. Full Name of Mother *Alice Kesseling*
6. Mother's Maiden Name *Alice Nason*
7. Mother's Birthplace *City*
8. Full Name of Father *Chas. Kesseling*
9. Father's Occupation *Book Binder*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *J. L. Howard M.D.*
- Address
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34485

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup> child  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth 24<sup>th</sup> Oct. 1879  
4. Place of Birth (Street and Number) 64 Stricker st  
5. Full Name of Mother Elizabeth Caskey  
6. Mother's Maiden Name " Doyle  
7. Mother's Birthplace Balt. Md  
8. Full Name of Father James Caskey  
9. Father's Occupation Clerk  
10. Father's Birthplace Balt. Md  
Name of Medical Attendant, or other Person who makes this Return. W Webster Jr. Md  
Address 37 Barrist  
Remarks \_\_\_\_\_

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34486

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Oct 24<sup>th</sup> 1874*
4. Place of Birth (Street and Number) *74 Little Mc. Eldry st*
5. Full Name of Mother *Annie Boltz*
6. Mother's Maiden Name *Boltz*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Andrew Boltz*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Stein*
- Address *151 east Pratt st*
- Remarks *Baltimore*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Friday Oct. 24th 1879*

4. Place of Birth (Street and Number) *11th Hampstead & Dallas St.*

5. Full Name of Mother *Mary Maloney*

6. Mother's Maiden Name *Mary Rodgis*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Michael Maloney*

9. Father's Occupation *grocer*

10. Father's Birthplace *Washington D.C.*

Name of Medical Attendant, or other Person who makes this Return *William Brinton M.D.*

Address *269 N. Caroline St.*

Remarks *"Vertex Presentation"*

24487

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex (state whether male or female) *Mädchen*
2. Race or Color (if not of the white race) *Weiss*
3. Date of Birth *geboren den 24ten October*
4. Place of Birth (Street and Number) *Nr 214 Bolo Str*
5. Full Name of Mother *Franziska Boebes*
6. Mother's Maiden Name *Franziska Plug*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Mannus Boebes*
9. Father's Occupation *Hausarbeiter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address *Nr 197 S. Dallas Str*
- Remarks *H. P. P. P.*

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec - 24<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 253 Kitzgaidt*
5. Full Name of Mother *Angela Koczin*
6. Mother's Maiden Name *Angela Kitzgaidt*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Israel Koczin*
9. Father's Occupation *Charter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Anna H. Heger*
- Address *No. 1526 Monument*
- Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34490

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 24<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 69 Bank St
5. Full Name of Mother Marie Emerich
6. Mother's Maiden Name " Bau
7. Mother's Birthplace Germany
8. Full Name of Father Carl Emerich
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Louise Wright
- Address 236 Canton ave
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34491

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 24<sup>th</sup> 1879
4. Place of Birth (Street and Number) 12 Horn St.
5. Full Name of Mother Mary A. Donnell
6. Mother's Maiden Name " " Oconnor
7. Mother's Birthplace City
8. Full Name of Father William J. Donnell
9. Father's Occupation Potter
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby, M.D.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

54492

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 25<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *Clifton St.*

5. Full Name of Mother *Ezzie Godley*

6. Mother's Maiden Name *Bremmel*

7. Mother's Birthplace *Balto Co Md,*

8. Full Name of Father *John Godley*

9. Father's Occupation *Butcher*

10. Father's Birthplace *Balto Co Md.*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Norris M.D.*

Address *Cor- Strickland & Preston*

Remarks

BALTIMORE  
OCT.  
27  
1879  
1110



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 25 Oct
4. Place of Birth (Street and Number) 1168 Front St
5. Full Name of Mother Ellen Curran
6. Mother's Maiden Name Callahan
7. Mother's Birthplace Bernard Callahan
8. Full Name of Father Ireland
9. Father's Occupation Carpenter
10. Father's Birthplace Philadelphia
- Name of Medical Attendant, or other Person who makes this Return. Arnold Thomsen
- Address No 7 Garrett Place
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

344911  
HEALTH DEPT  
NOV  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Oct. 25 d 1879
4. Place of Birth (Street and Number) 70 N. Kastel str.
5. Full Name of Mother Caroline Hinckel
6. Mother's Maiden Name Kar. Schroter.
7. Mother's Birthplace Germane
8. Full Name of Father Heinrich Hinckel
9. Father's Occupation Kabender
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Mr. R. Rudiger
- Address 134 N. Bond str.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



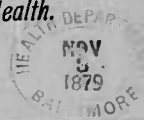
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 25 October
4. Place of Birth (Street and Number) 50 Ceceter St.
5. Full Name of Mother Julia Heltman
6. Mother's Maiden Name Weter
7. Mother's Birthplace N. P.
8. Full Name of Father Henry Heltman
9. Father's Occupation black
10. Father's Birthplace N. P.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Para Casper
- Address 52 E. Lombard St.
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd Male

White

Oct 25 - 1879

117 Mulberry St

Minnie Myrtle Miller

Sogor

N. East - East - Co. Ill.

Edward Albert Miller

Book Saver

Baltimore, Md

Wm. H. Muller (Jr)

117 Mulberry St

Report of Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether male or female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Oct. 25. 1879*
4. Place of Birth (Street and Number) *336 E. Balt. St.*
5. Full Name of Mother *Ella Eliza Smith*
6. Mother's Maiden Name *Ella Eliza Smith.*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *John A. B. Smith.*
9. Father's Occupation *Engineer U. S. N.*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Horck Md*
- Address *75 E. Balt. St.*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3d  
Male  
White  
Oct 25<sup>th</sup>  
No 110 S. Church  
Martha Frazier  
" Georgian  
City  
Jas Frazier  
Clerk  
J. Burch Ind  
151 Hanover St

34498

1879

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34499

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Color of

3. Date of Birth

Oct. 25th 1879

4. Place of Birth (Street and Number)

No. 10 Olden St.

5. Full Name of Mother

Lucy Kimbrow

6. Mother's Maiden Name

Virginia

7. Mother's Birthplace

W. B. Kimbrow

8. Full Name of Father

Laborer

9. Father's Occupation

Mr. J. J. J.

10. Father's Birthplace

Mr. J. J. J.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34500

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth October 25<sup>th</sup> 1899

4. Place of Birth, (Street and Number) 107 Battery av.

5. Full Name of Mother Mollie E. Wheeler

6. Mother's Maiden Name Chance

7. Mother's Birthplace Talbot Co. Md.

8. Full Name of Father John A. Wheeler

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. R. G. Lee

Address Hancock & Barrre sts

Remarks



*Birth Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Oct. 25<sup>th</sup>

4. Place of Birth (Street and Number) St. 49 West Ave

5. Full Name of Mother George Anna Ruby

6. Mother's Maiden Name George Anna Tracy

7. Mother's Birthplace Balt. Md.

8. Full Name of Father Charles H. Ruby

9. Father's Occupation Brakeman on B. & O. R.R.

10. Father's Birthplace Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Thinton

Address West Ave 1121

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

OCT  
28  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 22<sup>nd</sup>*
4. Place of Birth (Street and Number) *191 Pierce St. Baltimore*
5. Full Name of Mother *Mrs. Helen Weitzel*
6. Mother's Maiden Name *Helen ~~Weitzel~~ Leipzig*
7. Mother's Birthplace *Leipzig, Saxony*
8. Full Name of Father *Mr. August Weitzel*
9. Father's Occupation *Artisan*
10. Father's Birthplace *Moss, Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Gerstenberger*
- Address *Pen. Rd 14*
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311503

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 25th. 1899
4. Place of Birth (Street and Number) No. 207 N. Central av.
5. Full Name of Mother Mary E. Wise
6. Mother's Maiden Name Mary E. Carroll
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob Wise
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Burr
- Address No. 185 N. E. Cor. Central av. & Monument st.
- Remarks All Well.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 5 1899
4. Place of Birth (Street and Number) No 1. ... St
5. Full Name of Mother Mary Miller
6. Mother's Maiden Name "
7. Mother's Birthplace Baltimore
8. Full Name of Father John Miller
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. C. ...
- Address No 476 ...
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Second  
Female  
white

Oct. 25<sup>th</sup> 1879

224 E. Lombard St.

Alice F. Reilly

" " Sapp

Baltimore

James Reilly

Fireman

Baltimore

Dr. R. W. Mansfield  
117 S. Broadway

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 25 1879
4. Place of Birth (Street and Number) High green court
5. Full Name of Mother Anna Wheeler
6. Mother's Maiden Name Anna Gordon
7. Mother's Birthplace Eastern Shore
8. Full Name of Father William Wheeler
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson
- Address No. 11 High Street
- Remarks \_\_\_\_\_

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *October 29<sup>th</sup>*
4. Place of Birth (Street and Number) *No 181 West Street*
5. Full Name of Mother *annie C. Moore*
6. Mother's Maiden Name *Goldsbrough*
7. Mother's Birthplace *Talbot Co. Md.*
8. Full Name of Father *James B. Moore*
9. Father's Occupation *Labour*
10. Father's Birthplace *Talbot Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Asa Van Butler*
- Address *No 182 1/2 West Street*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

31.508

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Born Oct 25<sup>th</sup>
4. Place of Birth, (Street and Number) Baltimore No 102 Montgomerie
5. Full Name of Mother Mary Gardner
6. Mother's Maiden Name Farber
7. Mother's Birthplace Baltimore
8. Full Name of Father Salisbury Gardner
9. Father's Occupation Drayman
10. Father's Birthplace East Shore, Virginia
- Name of Medical Attendant, or other Person who makes this Return. Annie Wilson
- Address 349 Chambers St
- Remarks \_\_\_\_\_



**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34509

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

SPAR  
OCT  
30  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Female  
White  
Apr. 18, 1879  
No. 201, Howard St.  
Kathia Humpf.  
Kathia Humpf.  
German  
Johann Humpf  
Late  
German  
Alber Humpf  
113 Harford  
25

1589

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34570

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Oct 25th
4. Place of Birth, (Street and Number) No 353 Hamburg St
5. Full Name of Mother Elizabeth Smith
6. Mother's Maiden Name " " " Lighthiser
7. Mother's Birthplace Baltimore M.d.
8. Full Name of Father Philip Smith
9. Father's Occupation by Gaff Fleishman Co
10. Father's Birthplace Baltimore M.d.
- Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter
- Address 21st, Pappeletta, St
- Remarks \_\_\_\_\_

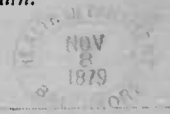
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34311



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 25. October
4. Place of Birth (Street and Number) 346 N. Dearborn Str
5. Full Name of Mother Anna Sibert
6. Mother's Maiden Name " Twin
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas. Sibert.
9. Father's Occupation Cabinet-maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Howard
- Address 20 Barnes Str.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Broer*

# RETURN OF A BIRTH.

34512

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Her 1st*

1. Sex (state whether male or female)

*Bo*

2. Race or Color (if not of the white race)

3. Date of Birth

*born Jan 25<sup>th</sup> October*

4. Place of Birth (Street and Number)

*120 Dallas St*

5. Full Name of Mother

*Maggie Otero*

6. Mother's Maiden Name

*Maggie Riggs*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*Sehem Otero*

9. Father's Occupation

*Scholar*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Friedrich Baumann*

Address

*197 Y. Dallas St*

Remarks

*Henn*

rect Record of Vital Statistics in the City of Baltimore.

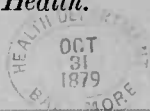
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

34513



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 15<sup>th</sup> 1877

4. Place of Birth (Street and Number)

2043 E. Bond St

5. Full Name of Mother

Anna Lohmeyer

6. Mother's Maiden Name

Anna Boehr

7. Mother's Birthplace

Germany

8. Full Name of Father

Adolph Lohmeyer

9. Father's Occupation

Book Keeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Spina Hillquist

Address

1012 E. Monument St

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34514

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 25<sup>th</sup> 1879

4. Place of Birth (Street and Number)

No 124 Forest St

5. Full Name of Mother

Louisa Stoltz

6. Mother's Maiden Name

Louisa Haefflin

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Bernard Stoltz

9. Father's Occupation

Barber

10. Father's Birthplace

Germany

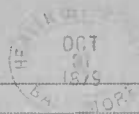
Name of Medical Attendant, or other Person who makes this Return.

Anna J. Hillegeist

Address

1827 Monument St

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34615

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 25<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 222 E Fayette
5. Full Name of Mother Maria Benjamin
6. Mother's Maiden Name " " Scherer
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Benjamin
9. Father's Occupation Turner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Louise Kraft
- Address 236 Canton ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34-517

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth Aug 26<sup>th</sup> 1879

4. Place of Birth (Street and Number) On Little Sharp & N. Church

5. Full Name of Mother Frances Wenger

6. Mother's Maiden Name " Willinger

7. Mother's Birthplace Balt

8. Full Name of Father Joseph Wenger

9. Father's Occupation Coal Driggerman

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this return \_\_\_\_\_

Address J. Dunkel St

Remarks \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *26 of October*
4. Place of Birth (Street and Number) *33 Lemon Street*
5. Full Name of Mother *Katy Tuttle*
6. Mother's Maiden Name *Katy Cyer*
7. Mother's Birthplace *Ireland. Thomas Tuttle*
8. Full Name of Father *Thomas Tuttle*
9. Father's Occupation *Grocer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Annie Lindner*
- Address *15 75 Lemon Street*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, on or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34579

HEALTH DEPT  
OCT  
27  
1879  
Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th 1879

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 26th 1879

4. Place of Birth (Street and Number)

348 S Bond

5. Full Name of Mother

Josephine Moran

6. Mother's Maiden Name

Josephine Goodhue

7. Mother's Birthplace

New York

8. Full Name of Father

Thomas Moran

9. Father's Occupation

Seaman

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Geo B Reynolds M.D.

Address

43 N. Calvert St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34590

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 26<sup>th</sup> 79*
4. Place of Birth (Street and Number) *" 2. St. Peter St.*
5. Full Name of Mother *Enelia Rudolph*
6. Mother's Maiden Name *Kaaz*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *George Rudolph*
9. Father's Occupation *Wagon Driver*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Kroh*
- Address *# 328 E. Eustace St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 26th 1879*
4. Place of Birth (Street and Number) *at 532 Hanover st*
5. Full Name of Mother *Elise Rock*
6. Mother's Maiden Name *Hoff*
7. Mother's Birthplace *America*
8. Full Name of Father *Henry Hoff*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwaert midwife*
- Address *330 Hanover st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 26 October 1879
4. Place of Birth (Street and Number) 144 Bank St
5. Full Name of Mother Allen Mc Mann
6. Mother's Maiden Name Boelen
7. Mother's Birthplace N S
8. Full Name of Father Peter Mc Mann
9. Father's Occupation Workingman
10. Father's Birthplace N S
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 12 S Lombard
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311623

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 26 October 1879
4. Place of Birth (Street and Number) 90 Spring St
5. Full Name of Mother Ana Ackermann
6. Mother's Maiden Name Koch
7. Mother's Birthplace U. S.
8. Full Name of Father George Ackerman
9. Father's Occupation Workingman
10. Father's Birthplace U. S.
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 E. Lombard
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating faithfully the date of birth, sex, and color of the child or children born, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

34.524

HEALTH DEPT  
APR 11 1979  
BIRMINGHAM

- 6  
Male

Male

Male

26 October 19

149 Low H

Julia Hess

Breiman

u P

Christian Hess

*Carpenier*

*u p*

Mrs Para Casper

12 E. Lombard

[illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34526

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 26<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *371 Park St*

5. Full Name of Mother *Emma J. Hillken*

6. Mother's Maiden Name *Emma J. Hennrichs*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *H. J. Hillken*

9. Father's Occupation *Plumber*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Hillken*

Address *by order of Dr. Hillken 124 W. Hillken St*

Remarks *Name of Child - Emma Sophia Hillken*

*Heinrich Richard Hillken - Emma Theodora Hillken*  
Father's full name Mother's full name



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 26 1879*
4. Place of Birth (Street and Number) *444 E. Baltimore St.*
5. Full Name of Mother *Emma Crayghton Smith*
6. Mother's Maiden Name *Emma Crayghton*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *W. A. Smith*
9. Father's Occupation *Black*
10. Father's Birthplace *D. C.*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Miller - Surgeon*
- Address *121 N. Howard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311527

HEALTH DEPT  
NOV 3 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 26th 79
4. Place of Birth (Street and Number) 366 Stricker St.
5. Full Name of Mother Harriet A. Crook
6. Mother's Maiden Name Harriet A. Peatman
7. Mother's Birthplace Virginia
8. Full Name of Father Philip Crook
9. Father's Occupation Policeman
10. Father's Birthplace Ind
- Name of Medical Attendant, or other Person who makes this Return. Dr. Miller M.D.  
Dr. Greene M.D.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth *26th of October*  
 4. Place of Birth (Street and Number) *42 Boundary Ave*  
 5. Full Name of Mother *Margaret O'Brien*  
 6. Mother's Maiden Name *Montgomery*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *Martin O'Brien*  
 9. Father's Occupation *Coachman*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby*  
 Address *369 Cathedral street*  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother; of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34529

RECEIVED  
13  
1879  
MAY 10

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26 Oct
4. Place of Birth (Street and Number) 189 Greenmount Ave
5. Full Name of Mother Julia McGin
6. Mother's Maiden Name Hagan
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas McGin
9. Father's Occupation Shackman
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. Chrismier
- Address No 7 Forest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311530

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White race
3. Date of Birth Oct 26<sup>th</sup> 1899
4. Place of Birth (Street and Number) Emory St 109
5. Full Name of Mother Maggie Black
6. Mother's Maiden Name Brown
7. Mother's Birthplace Palm Md
8. Full Name of Father Henry Black
9. Father's Occupation Black driver
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ulling
- Address 48 Wollanet
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

314531

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

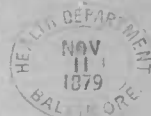


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 26 October 1879
4. Place of Birth, (Street and Number) Woodward St. No. 22.
5. Full Name of Mother Carry Levy
6. Mother's Maiden Name Carry Wyler
7. Mother's Birthplace Prussia
8. Full Name of Father Joseph Levy
9. Father's Occupation Teacher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Catherine Carroll Midwife
- Address 27 Woodward St
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Dec. 26/79*
4. Place of Birth (Street and Number) *131 Chesnut St*
5. Full Name of Mother *Harris Hall*
6. Mother's Maiden Name *" Brown*
7. Mother's Birthplace *Georgetown D.C.*
8. Full Name of Father *Harry Hall*
9. Father's Occupation *Trailer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Edward P. McDevitt*
- Address *137 N. E. St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311533

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct. 26<sup>th</sup> 1873*

4. Place of Birth (Street and Number) *Maternity 163 W Lombard St.*

5. Full Name of Mother *Sarah Hawkins*

6. Mother's Maiden Name *Sarah Elliott*

7. Mother's Birthplace *Md.*

8. Full Name of Father *Joseph Hawkins*

9. Father's Occupation *Soldier*

10. Father's Birthplace *unknown*

Name of Medical Attendant, or other Person who makes this Return. *A. B. Brauham M.D.*

Address *163 W Lombard St.*

Remarks *Mother and child doing well*





That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 25th 1875

4. Place of Birth, (Street and Number) W. Petre St. Balto.

5. Full Name of Mother Mary E. Davis

6. Mother's Maiden Name " Steffen

7. Mother's Birthplace Balto. Md.

8. Full Name of Father Wm. J. Davis

9. Father's Occupation Engineer

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this return. Mrs. Margaret T. Richmond

Address 185 N. E. St.

Remarks Balto. Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34535

1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 26<sup>th</sup> 1879
4. Place of Birth (Street and Number) Division V. McClellan St.
5. Full Name of Mother Mary Ann Singleton
6. Mother's Maiden Name Mary A. Pryor
7. Mother's Birthplace Balt. Md.
8. Full Name of Father Wm. H. Singleton
9. Father's Occupation Fireman
10. Father's Birthplace Mathews Co. Virginia
- Name of Medical Attendant, or other Person who makes this Return. J. E. Neville M.D.
- Address 299 E. Balto Street,
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

24536

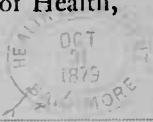
To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 26 October 1878
4. Place of Birth (Street and Number) No 333 Durham Street
5. Full Name of Mother Eliza Jane Summerville
6. Mother's Maiden Name Eliza Jane Howard
7. Mother's Birthplace Patuxent Md
8. Full Name of Father John Henry Summerville
9. Father's Occupation Labourer
10. Father's Birthplace W. Mary Land
- Name of Medical Attendant, or other Person who makes this Return. Dr. Routh
- Address William No 70 Chesnut Street
- Remarks Mother and child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) *Female* *Healthy*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *born the 26 of Oct. 1879*
4. Place of Birth (Street and Number) *No. 92 Mason St*
5. Full Name of Mother *Mrs. Haymer*
6. Mother's Maiden Name *Miss Haesler*
7. Mother's Birthplace *born in this city of Balt. Md.*
8. Full Name of Father *Mr. Haymer*
9. Father's Occupation *worker*
10. Father's Birthplace *born in Hessen Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Miller*
- Address *1014 West Pratt St.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34538

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 26<sup>th</sup> 1919*
4. Place of Birth (Street and Number) *2745 S. Page St.*
5. Full Name of Mother *Virginia M. Marshall*
6. Mother's Maiden Name *Louisa M. Brown*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *John W. Weisheff*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cook M.D.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34539

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
 1. Sex (state whether Male or Female) 1 Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth October the 26<sup>th</sup> 1877  
 4. Place of Birth (Street and Number) 721 Pratt st Baltimore  
 5. Full Name of Mother Laura V Bell  
 6. Mother's Maiden Name Laura V Pennolds  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father Joseph Bell  
 9. Father's Occupation Printer  
 10. Father's Birthplace Baltimore Md  
 Name of Medical Attendant, or other Person who makes this Return. Mrs S. F. Burger  
 Address 792 Pratt st  
 Remarks Mrs Minnie to 721 Pratt st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34540

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 27 1879*
4. Place of Birth (Street and Number) *389 Eastern or*
5. Full Name of Mother *Eleanor Ross*
6. Mother's Maiden Name *Eleanor Chalen*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Leonard Ross*
9. Father's Occupation *grocery store*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Birch St*
- Remarks

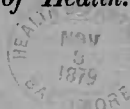
Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days after, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34541

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth October 27. 1879
4. Place of Birth, (Street and Number) No 59 James Street.
5. Full Name of Mother Mary C. Marshall
6. Mother's Maiden Name Mary C. Gourley.
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph L. Marshall
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary C. Marshall
- Address 256 E. Pough St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34542

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

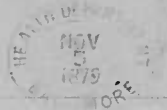
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White race
3. Date of Birth Oct 27<sup>th</sup> 1874
4. Place of Birth (Street and Number) Monument St 362
5. Full Name of Mother Anna Hegener
6. Mother's Maiden Name St. Elizabeth
7. Mother's Birthplace Prussia
8. Full Name of Father Philip Hegener
9. Father's Occupation Wagon maker
10. Father's Birthplace Hessen
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Helwig
- Address 48 Holland St.
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34543

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 27 1879*
4. Place of Birth (Street and Number) *N 92 N. Charles St*
5. Full Name of Mother *Ellen Jamet*
6. Mother's Maiden Name *Ellen Johnson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Edward Jamet*
9. Father's Occupation *Dentist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Alphatard M.D*
- Address *N 114 Park Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34644

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 27-1919.*
4. Place of Birth (Street and Number) *314 E. Charles. St.*
5. Full Name of Mother *Ida Zeakle*
6. Mother's Maiden Name *" Ryder.*
7. Mother's Birthplace *Balto. City.*
8. Full Name of Father *Henry Zeakle.*
9. Father's Occupation *Barber.*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this return *R. J. H. Tall, M.D.*
- Address *152 Sharp St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

345115

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14<sup>th</sup>*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct. 27, 1879*

4. Place of Birth (Street and Number) *336 E. Balto. St.*

5. Full Name of Mother *Anna Ramsey Etchberger*

6. Mother's Maiden Name *Anna Ramsey Cooksio*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *James S. Etchberger*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *J. W. Houch md.*

Address *75 E. Balto. St.*

Remarks



# RETURN OF A BIRTH.

346746

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) *1st Child*  
(state whether Male or Female) \_\_\_\_\_  
Race or Color (if not of the white race) *White*  
Date of Birth *October 27th 1879*  
Place of Birth (Street and Number) *7th Balzow St*  
Name of Mother *Fizzie Sheffield*  
Mother's Maiden Name *Garth*  
Mother's Birthplace *Baltimore*  
Name of Father *William David Sheffield*  
Father's Occupation *Mechanic*  
Father's Birthplace *Virginia*  
Name of Medical Attendant, or other Person who makes this Return. *W. R. McManis*  
Address *282 N. Fayette St*  
Remarks \_\_\_\_\_



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34547

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 10
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 27 1879
4. Place of Birth (Street and Number) 126 Hoffman Street near Washington
5. Full Name of Mother Elizabeth A. Banks
6. Mother's Maiden Name Baltimore Md
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James T. W. Rector
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Amanda J. Harney
- Address 378 East Gwynne St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 27. 1879
4. Place of Birth (Street and Number) No 31 Retreat St
5. Full Name of Mother Annie Lautner
6. Mother's Maiden Name Annie Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father John Lautner
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. C. Schmitt
- Address No 470 N. Avenue
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34549

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex (state whether ~~male~~ female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October the 27<sup>th</sup> 1879.*

4. Place of Birth (Street and Number) *N. Bond St. No 106.*

5. Full Name of Mother *Christine Waldeis*

6. Mother's Maiden Name *Christine Jung*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Herman Waldeis*

9. Father's Occupation *Barber*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*

Address *N. Gallas St. No 26.*

Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34550

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name of Child: *George F. Medinger* 1st  
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *October 27<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *35 Clark St*  
 5. Full Name of Mother *Frances Schram*  
 6. Mother's Maiden Name *Medinger*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Geo W Medinger*  
 9. Father's Occupation *Batterman*  
 10. Father's Birthplace *Clark B & O R.R. Co.*  
 Name of Medical Attendant, or other Person who makes this Return. *D W Cathell M.D.*  
 Address *2 N Broadway*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34557

DEF  
NOV  
3  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Sept - 27. 1879  
V. Schappelstr 109.  
Evelyn Evelyn  
Fernal  
Krumherlner M.D.  
Johann Schappel  
Weylmarkt  
Hassau Prussia  
Herr Joh Brumback  
V. Walpstr 110 P4  
M. D. n. f.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

2115521  
HEALTH DEPARTMENT  
NOV 13 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. The Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27 of September, 1879*
4. Place of Birth (Street and Number) *Lodge St. A 370*
5. Full Name of Mother *Kathi Löffler*
6. Mother's Maiden Name *Kathi Mayer*
7. Mother's Birthplace *Oldenburg, Germania*
8. Full Name of Father *John Löffler*
9. Father's Occupation *Basketmaker*
10. Father's Birthplace *Oldenburg, Germania*
- Name of Medical Attendant, or other Person who makes this Return. *Sabina Grishaber*
- Address *46 N 128 West St.*
- Remarks *no*

# RETURN OF A BIRTH.

34553

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

American

3. Date of Birth 27 October 1879

4. Place of Birth (Street and Number) Baltimore 311 East 11th Enderby St.

5. Full Name of Mother Mary E. Johnson

6. Mother's Maiden Name Margaret E. Galman

7. Mother's Birthplace Harlan Richmond Co. Va

8. Full Name of Father John David Johnson

9. Father's Occupation Tin & Sheet iron worker

10. Father's Birthplace Henric Co Va

"Henric Co. Glasgow

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34554

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 27, 1879
4. Place of Birth, (Street and Number) 223 Bait St
5. Full Name of Mother Henretta Kusmann
6. Mother's Maiden Name " " " " " "
7. Mother's Birthplace Germany
8. Full Name of Father Friedrich Kusmann
9. Father's Occupation Resturant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft
- Address 236 Center ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

34555

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
- Sex (state whether male or female) Male
- Race or Color (if not of the white race) Colored
- Date of Birth 27 Oct. 1878
- Place of Birth (Street and Number) 399 French Street
- Full Name of Mother Buchanan Virginia
- Mother's Maiden Name Hamilton Harrison
- Mother's Birthplace Kentucky Kentucky
- Full Name of Father George Henry Hubbard
- Father's Occupation Farmer Shipyard
- Father's Birthplace Nelson Kentucky New York
- Name of Medical Attendant, or other Person who makes this Return. R. D. Williams
- Address 70 Hunt Street, North St. O.
- Remarks Child dying Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 27 / 1879
4. Place of Birth (Street and Number) 79 Johnson st
5. Full Name of Mother Roxanna White
6. Mother's Maiden Name Bockanman
7. Mother's Birthplace Newcastle Co Delaware
8. Full Name of Father John Bockanman
9. Father's Occupation Seaman
10. Father's Birthplace Worcester Co
- Name of Medical Attendant, or other Person who makes this Return. Mrs Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether male or female) Male
  2. Race or Color (if not of the white race) White
  3. Date of Birth Oct 21<sup>st</sup> 1879
  4. Place of Birth (Street and Number) No 307 Bond St.
  5. Full Name of Mother Margaret Keifer
  6. Mother's Maiden Name Margaret Weisendorfer
  7. Mother's Birthplace Baltimore
  8. Full Name of Father Michael Keifer
  9. Father's Occupation Shoe Maker
  10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lina Kilgus
- Address 618 E Monument
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>d</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth October 27 1879

4. Place of Birth, (Street and Number) 212 Eastern ave

5. Full Name of Mother Catherina Schmidt

6. Mother's Maiden Name " " Hellner

7. Mother's Birthplace Germany

8. Full Name of Father Karl Schmidt

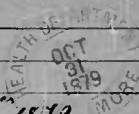
9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louise Kraft

Address 226 Canton ave

Remarks \_\_\_\_\_



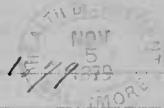
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311559

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Baltimore Oct 25
4. Place of Birth (Street and Number) Baltimore Howard St
5. Full Name of Mother Christina Shepper
6. Mother's Maiden Name John Shepper
7. Mother's Birthplace Washington
8. Full Name of Father John Shepper
9. Father's Occupation Butcher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return Mrs M Shepper
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34560

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Oct. 28th, 1879.*  
 4. Place of Birth (Street and Number) *20 Point Lane*  
 5. Full Name of Mother *Ella Charles*  
 6. Mother's Maiden Name *Davis*  
 7. Mother's Birthplace *New York*  
 8. Full Name of Father *Dominick Charles*  
 9. Father's Occupation *Carrier*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Mr. B. B. Lingden*  
 Address *Harford Ave A Biddle*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

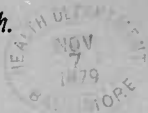
To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 28/89
4. Place of Birth (Street and Number) Balair road
5. Full Name of Mother Williamina Wagner
6. Mother's Maiden Name Pickins
7. Mother's Birthplace Baltimore
8. Full Name of Father George Wagner
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullig
- Address 48 Holland St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 28*
4. Place of Birth (Street and Number) *30 Bird St*
5. Full Name of Mother *Magaret Blackburn (Blackburn)*
6. Mother's Maiden Name *Bowen*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *John Blackburn*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balti. City*
- Name of Medical Attendant, or other Person who makes this Return. *C. H. P. Ellis, M.D.*
- Address *315 Light St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34568



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 28 1877
4. Place of Birth (Street and Number) N. 300 Penna Avenue
5. Full Name of Mother Mary German
6. Mother's Maiden Name Spahn
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry German
9. Father's Occupation Blacksmith
10. Father's Birthplace Pisen
- Name of Medical Attendant, or other Person who makes this Return. E. Marshall
- Address P. 476 Penna Avenue
- Remarks

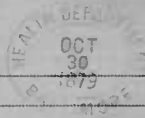
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

34564



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Oct 28th 1879  
4. Place of Birth (Street and Number) 71 N B and St  
5. Full Name of Mother Virginia A Billingsley  
6. Mother's Maiden Name " " Mason  
7. Mother's Birthplace Honover Co. Ind  
8. Full Name of Father James Billingsley  
9. Father's Occupation Dry Goods Store  
10. Father's Birthplace Harford Co. Ind.  
Name of Medical Attendant, or other Person who makes this Return. Dr Cathell M D  
Address 2 N B roadway  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34563

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

HEALTH DEPT  
OCT  
30  
1879  
MORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Tuesday, Oct. 28<sup>th</sup> 11:15 A.M.*
4. Place of Birth (Street and Number) *Leeland St., near Remont (No. number)*
5. Full Name of Mother *Sara Fleck,*
6. Mother's Maiden Name *Odenoss,*
7. Mother's Birthplace *Germany,*
8. Full Name of Father *Charles Fleck*
9. Father's Occupation *Bricklayer.*
10. Father's Birthplace *Germany,*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Alden, M.D.,*
- Address *No 106 Columbia Ave.*
- Remarks *Child in good physical condition, & living*



That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34566

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
3  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

126

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 28. 1879

4. Place of Birth (Street and Number)

L. Schappelstr No 45

5. Full Name of Mother

Isabella Sister

6. Mother's Maiden Name

Pieps

7. Mother's Birthplace

Essex land

8. Full Name of Father

Michael Sister

9. Father's Occupation

Wauventminter

10. Father's Birthplace

Essex land

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. H. Praeger

Address

L. Wallstr No 14

Remarks

Wm. J. H. Praeger

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34567

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 28<sup>th</sup> Oct 1877
4. Place of Birth (Street and Number) Baltimore Lemmingsworth st 27
5. Full Name of Mother Annice Grunwald
6. Mother's Maiden Name French
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Grunwald
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary Hopf
- Address 67<sup>th</sup> Washington
- Remarks Mary Hopf

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34-568

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 28<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 81 Albemarle St
5. Full Name of Mother Caroline Radmers
6. Mother's Maiden Name " Danndier
7. Mother's Birthplace Germany
8. Full Name of Father Christian Radmers
9. Father's Occupation Ship Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Louise Kraft
- Address 236 Canton ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 28.
4. Place of Birth (Street and Number) No 77 Eexter st
5. Full Name of Mother Lucy Bell
6. Mother's Maiden Name Lucy Anthony
7. Mother's Birthplace America
8. Full Name of Father John Bell
9. Father's Occupation House Carpenter
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. E. L. Fleming
- Address No 45 - 1st Avenue St
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34570

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *October 28<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *16<sup>c</sup> Henry St*

5. Full Name of Mother *Bridget Henkle*

6. Mother's Maiden Name *Bridget Holland*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *John Henkle*

9. Father's Occupation *carpenter*

10. Father's Birthplace *Yorkshire Eng*

Name of Medical Attendant, or other Person who makes this Return. *H. C. Wilson M.D.*

Address *1234 N. 2nd St. Baltimore*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34571

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



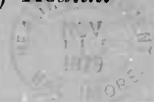
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Oct. 29<sup>th</sup> 79*
4. Place of Birth (Street and Number) *115 Arcan St.*
5. Full Name of Mother *Anna Riegans*
6. Mother's Maiden Name *Hillen*
7. Mother's Birthplace *Balto. Md.*
8. Full Name of Father *John Riegans*
9. Father's Occupation *car maker*
10. Father's Birthplace *Balto Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Koch*
- Address *328 E. Euter St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34573



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *22th of October 1879*
4. Place of Birth (Street and Number) *53 South Laurel Street*
5. Full Name of Mother *Lavenna Lachner*
6. Mother's Maiden Name *Lavenna Limmer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Larsen Limmer*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Julia Kunkel*
- Address *11 North Chapel Street, Augusta Kunkel*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV 3 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

29 of October, 1879

4. Place of Birth (Street and Number)

West St. 240

5. Full Name of Mother.

Mary Reile

6. Mother's Maiden Name

Mary Schmith

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Reile

9. Father's Occupation

Saiberer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Isabene Grishaker

Address

128 West St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

34574  
1st  
Female  
White  
Oct 29<sup>th</sup> 1819  
Baltimore Republican St. 53  
Mary Filanigan  
Bannahan  
Baltimore  
Patrick Filanigan  
Laborer  
Ireland  
Mrs. C. Mitchell  
No. 140 Ramsey St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34575

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 29<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Baltimore Cross St. 37

5. Full Name of Mother

Emma Woodward

6. Mother's Maiden Name

Benson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Barley Woodward

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. G. Mitchell

Address

N<sup>o</sup>. 140 Ramsey St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child,*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race)
3. Date of Birth *OCT. 29<sup>th</sup> 1871*
4. Place of Birth (Street and Number) *156 S. Sharp St.*
5. Full Name of Mother *Ella Schley*
6. Mother's Maiden Name *" Troef.*
7. Mother's Birthplace *Balto. City*
8. Full Name of Father *Wm Schley*
9. Father's Occupation *Paper Hanger*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this return *R. J. M. Tall. M.D.*
- Address *152 Sharp St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 32577

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5-)  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth October 29<sup>th</sup> 1879  
4. Place of Birth, (Street and Number) Woodward Street No 69  
5. Full Name of Mother Maggie Ellen Child  
6. Mother's Maiden Name Maggie Ellen Brown  
7. Mother's Birthplace Pennsylvania  
8. Full Name of Father George Lander Child  
9. Father's Occupation Coal Miner  
10. Father's Birthplace Pennsylvania  
Name of Medical Attendant, or other Person who makes this Return. Ethelma Campbell M.D.  
Address 27 Woodward Street  
Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34578

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 29<sup>th</sup> 1879

4. Place of Birth (Street and Number)

124 cr. Eutaw St

5. Full Name of Mother

Margaret Smallwood

6. Mother's Maiden Name

Margaret Seymour

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William B Smallwood

9. Father's Occupation

Stone Cutter

10. Father's Birthplace

Baltimore Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. Gilliss M.D

Address

150 cr Eutaw St

Remarks

Would have reported sooner but being confined to my room Sick.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34579

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) Col'd

3. Date of Birth Oct 29th 1899

4. Place of Birth (Street and Number) 13 Mechanics St

5. Full Name of Mother Jalia

6. Mother's Maiden Name Jefferson

7. Mother's Birthplace Virginia

8. Full Name of Father Jas. R. Collins

9. Father's Occupation Labourer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. St. F. Rogers

Address

Remarks

# RETURN OF A BIRTH.

34580

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



of Child of Mother (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*  
Sex (state whether Male or Female) *Boy*  
Race or Color (if not of the white race) *White*  
Date of Birth *October 29<sup>th</sup> 1879*  
Place of Birth (Street and Number) *696 Kansas St*  
Full Name of Mother *Amelia Donenburgh*  
Mother's Maiden Name *Brown*  
Mother's Birthplace *Philadelphia*  
Full Name of Father *Wm. Denick Donenburgh*  
Father's Occupation *Machinist*  
Father's Birthplace *Philadelphia*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. McMen*  
Address *582 W. Mayall St*  
Remarks

# RETURN OF A BIRTH.

34581

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup> child  
Sex (state whether Male or ~~Female~~) 11  
Race or Color (if not of the white race) 11  
Date of Birth October 29<sup>th</sup> 1899  
Place of Birth (Street and Number) 15 Bond Street  
Full Name of Mother Mrs. Backman Thompson  
Mother's Maiden Name Backman  
Mother's Birthplace Baltimore  
Full Name of Father James Thompson  
Father's Occupation Real Estate Man  
Father's Birthplace Maryland  
Signature of Medical Attendant, or other Person who makes this Return. W. A. McMan  
Address 582 W. Fayette St.  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 29th 1879

4. Place of Birth (Street and Number)

156 W. Pratt St

5. Full Name of Mother

Ira Remey

6. Mother's Maiden Name

" Marshall

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm G Remey

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A W Catwell M.D.

Address

2 W Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 3
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 22 of 1879
4. Place of Birth (Street and Number) 1211 1/2 Place St
5. Full Name of Mother Mary Miller
6. Mother's Maiden Name Mary Kistler
7. Mother's Birthplace Baltimore
8. Full Name of Father John Kistler
9. Father's Occupation Cigar Manufacturer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Wm. L. Lane
- Address 1211 1/2 Place St
- Remarks 1st 3

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34584

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *29<sup>th</sup> Oct. 1879.*
4. Place of Birth (Street and Number) *1238 Vincent St.*
5. Full Name of Mother *Mary Hough*
6. Mother's Maiden Name *Harrelly.*
7. Mother's Birthplace *Irish, Baltimore.*
8. Full Name of Father *Michael Hough*
9. Father's Occupation *Sabrer.*
10. Father's Birthplace *Ireland.*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Lindner.*
- Address *1245 Howard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34583

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5-

1. Sex (state whether Male or Female) \_\_\_\_\_
  2. Race or Color (if not of the white race) \_\_\_\_\_
  3. Date of Birth Oct 29 1879
  4. Place of Birth (Street and Number) Belle Air Road opposite Shenzen Park
  5. Full Name of Mother Mary Barbara Bang
  6. Mother's Maiden Name Mary Barbara Mueller
  7. Mother's Birthplace Balto City, French St
  8. Full Name of Father John Michael Bang
  9. Father's Occupation Driver Beer Wagon
  10. Father's Birthplace South Eden St Balto City
- Name of Medical Attendant, or other Person who makes this Return. J Geo Wells M.D.
- Address 27 N Broadway
- Remarks \_\_\_\_\_

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 (Pillborn)
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 29 of October 1879
4. Place of Birth (Street and Number) 264 Hanover St.
5. Full Name of Mother Kathi Schmill
6. Mother's Maiden Name Kathi Schmill
7. Mother's Birthplace Baltimore
8. Full Name of Father Johann Franz Nagel
9. Father's Occupation Tailor
10. Father's Birthplace Bayern Germania
- Name of Medical Attendant, or other Person who makes this Return. Salena Grishaber
- Address Old, 128 West St.
- Remarks cc

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34587

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

October 22<sup>th</sup>

4. Place of Birth (Street and Number)

104 E. Han St

5. Full Name of Mother

Sarah Pernell

6. Mother's Maiden Name

Sarah Pernell

7. Mother's Birthplace

Snow Hill Md

8. Full Name of Father

Levin Harris

9. Father's Occupation

laborer

10. Father's Birthplace

Chambridge Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Lydia Porter

Address

no 4 pat psc avenue

Remarks

healthy child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 29, 1879
4. Place of Birth, (Street and Number) 213 S. Caroline St
5. Full Name of Mother Lisette Radche
6. Mother's Maiden Name " " Hunselberre
7. Mother's Birthplace Baltimore
8. Full Name of Father Washington Radche
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Louise Kraft
- Address 236 Canton ave
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

314589

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 29 1879
4. Place of Birth, (Street and Number) 232 S. Ann St.
5. Full Name of Mother Caroline Nells
6. Mother's Maiden Name " " Heubner
7. Mother's Birthplace Germany
8. Full Name of Father Wilhelm Nells
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Louise Heft
- Address 236 Carlton ave.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34590

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth 29 Nov. 1879
4. Place of Birth (Street and Number) No 54 Park St
5. Full Name of Mother John Panson
6. Mother's Maiden Name Elizabeth Bradford
7. Mother's Birthplace Baltimore
8. Full Name of Father John Bradford
9. Father's Occupation Labr.
10. Father's Birthplace Surge Township
- Name of Medical Attendant, or other Person who makes this Return. Doctor
- Address William No 70 Penn
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34591

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second  
1. Sex (state whether Male or Female) male  
2. Race or Color (if not of the white race) White  
3. Date of Birth October 29th 1879  
4. Place of Birth (Street and Number) 59 Wheaton St  
5. Full Name of Mother Annie Wooden  
6. Mother's Maiden Name " Scarborough  
7. Mother's Birthplace Virginia  
8. Full Name of Father George Wooden  
9. Father's Occupation Carpenter  
10. Father's Birthplace Maryland  
Name of Medical Attendant, or other Person who makes this Return. Chris J. J. J. J. J.  
Address 92 Mosby St.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 29

4. Place of Birth (Street and Number)

127 Gross st

5. Full Name of Mother

E Mensale

6. Mother's Maiden Name

Carvers

7. Mother's Birthplace

Balto

8. Full Name of Father

Thos J Carvers

9. Father's Occupation

Laborer

10. Father's Birthplace

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ann Nash

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Oct 30 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 29 1879
4. Place of Birth (Street and Number) 384 Eastern Ave.
5. Full Name of Mother Lizzie Schud Ball
6. Mother's Maiden Name Lizzie Schud
7. Mother's Birthplace America
8. Full Name of Father Robert Bell
9. Father's Occupation Laborer
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Ansell.
- Address 137 South Wolfe Street
- Remarks (A)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34594

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

HF  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 24, 1879

4. Place of Birth (Street and Number)

No 25-4 1/2 Bond Str

5. Full Name of Mother

Mary Ann

6. Mother's Maiden Name

Mary Lohmer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Ann

9. Father's Occupation

Frederick Porter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Friedrich Brandmann

Address

No 197 E. Lexington Str

Remarks

German

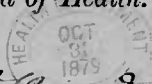


That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34596

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th of 7 children*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Weiß*
3. Date of Birth *geboren 29ten October*
4. Place of Birth (Street and Number) *Nº 73 Bank St*
5. Full Name of Mother *Carry Jones*
6. Mother's Maiden Name *Carry Schmidt*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wilhard Jones*
9. Father's Occupation *Musiker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Friedrich Baumann*
- Address *Nº 197. S. Fallers St.*
- Remarks *L. Jones*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34597

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



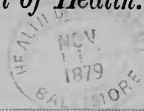
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 second child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth The 30 of October 1879
4. Place of Birth (Street and Number) 42 North Parkham street
5. Full Name of Mother Josephenna Kiening
6. Mother's Maiden Name Josephenna Kudschenrieder
7. Mother's Birthplace Baltimore
8. Full Name of Father Mike Kudschenrieder
9. Father's Occupation Brigsmen
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Greenia Kunkel
- Address 71 North Chappel street, par Justina Kunkel
- Remarks Healthy



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 30 October
4. Place of Birth (Street and Number) 27 Pratt st
5. Full Name of Mother Dora Benja
6. Mother's Maiden Name Kraemer
7. Mother's Birthplace Germany
8. Full Name of Father Henry Benja
9. Father's Occupation Bartender
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return, Mrs Para Casper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED  
NOV 8 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) ~~White~~ Calabash
3. Date of Birth 30 Oct
4. Place of Birth (Street and Number) 31 Jew Alley
5. Full Name of Mother Jane Howard
6. Mother's Maiden Name Barackman
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Howard
9. Father's Occupation Druggist
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Y. Lehnissen
- Address No 7 Forrest Place
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

134600

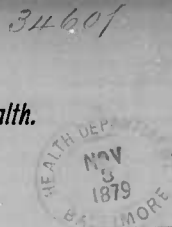
12V  
3  
1870  
MOFF

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth 30 October  
4. Place of Birth (Street and Number) 224 Chesapeake St  
5. Full Name of Mother Jerry Jane Way  
6. Mother's Maiden Name 114 Shearlock  
7. Mother's Birthplace Baltimore  
8. Full Name of Father George Way  
9. Father's Occupation Cardriver  
10. Father's Birthplace Harford County  
Name of Medical Attendant, or other Person who makes this Return Mrs Wiley  
Address No 12 Pullman Park av  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4th  
Linn  
White

Oct 30 - 1879

162 Townsend St  
Sarah E. Harriman

Hood  
Parrell Co. Md

John E. Harriman

Merchant  
Baltimore Co. Md

Dr. P. C. H. H. H.  
of Mulberry St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

346021

NOV 7 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Thurs. 7. 1879*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 26 - 1879*
4. Place of Birth (Street and Number) *307 of Octobers*
5. Full Name of Mother *Laura E. Carter*
6. Mother's Maiden Name *Laura Carter*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Laura E. Carter*
9. Father's Occupation *Brick maker*
10. Father's Birthplace *Calvert County*
- Name of Medical Attendant, or other Person who makes this Return. *Milly Gross*
- Address *181 York Street*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

34603

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Dec. 30, 1871
4. Place of Birth, (Street and Number) Baltimore No 318 Hamilton
5. Full Name of Mother Lavin Thomas
6. Mother's Maiden Name " "
7. Mother's Birthplace Irish Hill
8. Full Name of Father Robert T. Thomas
9. Father's Occupation Lawyer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Ameline Williams
- Address 397 Bowning St
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

34604-

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)

6

(state whether Male or Female)

Female

Age or Color (if not of the white race)

White

Date of Birth

30th October

Place of Birth (Street and Number)

Baltimore, 240 Saratoga Street

Full Name of Mother

Cecilia de Hammond

Mother's Maiden Name

Cecilia " Griffin

Mother's Birthplace

Baltimore, Md.

Full Name of Father

Nathans A. Hammond

Father's Occupation

Butter Business

Father's Birthplace

Fredrick County, Md.

Name of Medical Attendant, or other Person who makes this Return.

Mary Jane Richardson

Address

Residence 213.

Remarks

Love street.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34605

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored.*
3. Date of Birth *Oct. 30 4 8<sup>30</sup> P.M. 1879*
4. Place of Birth (Street and Number) *69 S. Ruthe*
5. Full Name of Mother *Amelia Gertrude Wilmer*
6. Mother's Maiden Name *Amelia J. Goring*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *J. Henry Wilmer*
9. Father's Occupation *Optician*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Swinelle M.D.*
- Address *299 E. Balt. St.*
- Remarks



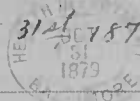
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34606

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Oct. 31st 1879.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) female.
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 30<sup>th</sup> 1879.
4. Place of Birth (Street and Number) 14 Claster St.
5. Full Name of Mother Eva Stiehlein
6. Mother's Maiden Name Eva Glock
7. Mother's Birthplace America
8. Full Name of Father Adam Stiehlein
9. Father's Occupation Bookbinder
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend
- Address 137 South Wolfe St.
- Remarks OH

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34607

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4  
1. Sex (state whether Male or Female) 1 Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth October the 30<sup>th</sup> 1877  
4. Place of Birth (Street and Number) Baltimore Ramsay St. No 711  
5. Full Name of Mother Betty Carney  
6. Mother's Maiden Name Betty Smith  
7. Mother's Birthplace Prince William Co. Va.  
8. Full Name of Father Robert Carney  
9. Father's Occupation Bricklayer  
10. Father's Birthplace Fairfax Co. Va.  
Name of Medical Attendant, or other Person who makes this Return. Mr. S. Subberger  
Address No 722 Pratt St  
Remarks Mr. Thallor No 149 Strickland St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

34608



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 10<sup>th</sup> 1899
4. Place of Birth (Street and Number) 1111 S. Broadway
5. Full Name of Mother Mary Anne
6. Mother's Maiden Name Mary Goetz
7. Mother's Birthplace Baltimore
8. Full Name of Father Louis Louis
9. Father's Occupation Confessionner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Hena J. Kellgren
- Address 182 E. Monument St.
- Remarks

That my physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

24609

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second 2<sup>nd</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 31st 1879*
4. Place of Birth (Street and Number) *No 68 Croft St*
5. Full Name of Mother *Hellen S. Bailey*
6. Mother's Maiden Name *Griggs*
7. Mother's Birthplace *city*
8. Full Name of Father *Jas S. Bailey*
9. Father's Occupation *Driver*
10. Father's Birthplace *city*
- Name of Medical Attendant, or other Person who makes this Return. *Dr D. Beale M.D.*
- Address *133 South St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

31<sup>st</sup> of October

No 519 Pratt St

Anne Egan

Ann Egan

Ireland

Jos Egan

Saloon

Ireland

Alvin Lindner

No 45 Monroe St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34611

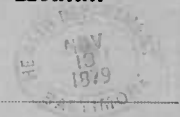
To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 31st*
4. Place of Birth (Street and Number) *Maternity 163 W. Lombard St.*
5. Full Name of Mother *Lizzie Goodwin*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Va.*
8. Full Name of Father *unknown*
9. Father's Occupation *"*
10. Father's Birthplace *"*
- Name of Medical Attendant, or other Person who makes this Return. *J. A. Brubaker*
- Address *163 W. Lombard St.*
- Remarks *(Mother and child doing well.)*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether male or female) Boy  
2. Race or Color (if not of the white race) White  
3. Date of Birth Oct 21st 1879  
4. Place of Birth (Street and Number) Patterson Park Ave. near East Ave.  
5. Full Name of Mother Emma F. Mullin  
6. Mother's Maiden Name Emma Fritsch  
7. Mother's Birthplace Balto  
8. Full Name of Father Patrick Mullin  
9. Father's Occupation Supt. Eastern Police Field  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary O'Leary  
Address 171 P. Washington St.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34613

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October the 31*
4. Place of Birth (Street and Number) *286 Darn St*
5. Full Name of Mother *Minnie Bannen*
6. Mother's Maiden Name *Minnie Grady*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Branise*
9. Father's Occupation *labor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mary A. Gull*
- Address *99 Lancaster St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3116114

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 31st 1879*
4. Place of Birth (Street and Number) *204 Bond st.*
5. Full Name of Mother *Jennie Cohn*
6. Mother's Maiden Name *Brickmeyer*
7. Mother's Birthplace *Russia*
8. Full Name of Father *Isaac Cohn*
9. Father's Occupation *Produce*
10. Father's Birthplace *Russia*
- Name of Medical Attendant, or other Person who makes this return *Mrs. C. Bernheim*
- Address *113 P. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

Name: *Howard Clinton Amoss*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

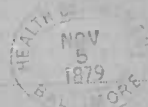
Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Oct 31<sup>st</sup> 1879*  
*N. Gay St 631*  
*Marianne (Amoss) Amoss*  
*" (undr)*  
*Allegheny St*  
*Phil. J. (Amoss) Amoss*  
*Farmer*  
*Balti - Or*

*Walter W. White M.D.*  
*341 N Broadway*



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

311616

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one the 1st in all 9
1. Sex (state whether male or female) Male.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth 31<sup>st</sup> of Oct-1879.
4. Place of Birth, (Street and Number) 124. Conway St-
5. Full Name of Mother Anne Backer Tasker
6. Mother's Maiden Name Anne Backer Blinely.
7. Mother's Birthplace Fredrick Co-
8. Full Name of Father Frank Tasker.
9. Father's Occupation Water
10. Father's Birthplace Fredrick Co-
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Ellen Wallace.
- Address 64 Raborg St Baltimore 16<sup>th</sup>
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34617

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Oct 31 1849  
 4. Place of Birth (Street and Number) 224 10 Lombard Street  
 5. Full Name of Mother Eugenie Friedemann  
 6. Mother's Maiden Name Eugenie Olschinnier  
 7. Mother's Birthplace W S Pr  
 8. Full Name of Father Ernst Friedemann  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. A. Friedemann M.D.  
 Address 88 N. E. 1st St.  
 Remarks Normal labor, child healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34-618

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 31<sup>st</sup> 1879
4. Place of Birth (Street and Number) East Fayette St 21436
5. Full Name of Mother Drucilla Rice
6. Mother's Maiden Name Drucilla Arnold
7. Mother's Birthplace Virginia
8. Full Name of Father Henry Rice
9. Father's Occupation Clergyman
10. Father's Birthplace Philadelphia
- Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin
- Address 124 n. Epton st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

34619

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October the 31. 1879.*
4. Place of Birth (Street and Number) *S. Spring St. N<sup>o</sup> 143 1/2*
5. Full Name of Mother *Mary Sambrowsky*
6. Mother's Maiden Name *Mary Prochowsky*
7. Mother's Birthplace *Indershausen, N. Prussen, Germany*
8. Full Name of Father *August Sambrowsky*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Groschinden, N. Prussen, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Muller*
- Address *N. Dallas St. N<sup>o</sup> 26.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34620

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

October 31<sup>st</sup> 1879

4. Place of Birth (Street and Number)

52 Warren St

5. Full Name of Mother

Margaret L. Sanders

6. Mother's Maiden Name

Margaret L. Summerville

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Matthew A. Sanders

9. Father's Occupation

black

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. W. McCarty

Address

1212 Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34627

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *31 of October 1898*
4. Place of Birth (Street and Number) *908 East Little Street*
5. Full Name of Mother *Leah Landhole*
6. Mother's Maiden Name *Fred Langeler*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Langeler*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Ascentia Kunkel*
- Address *77 North Breckinridge Street per Ascentia Kunkel*
- Remarks *Healthy*



MISSING

#34622

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color\* (if not of the white race)

3. Date of Birth

*January 10th 1879*

4. Place of Birth (Street and Number)

*104 S. Schoonover St*

5. Full Name of Mother

*Rachael Brundige*

6. Mother's Maiden Name

*Smith*

7. Mother's Birthplace

*Washington*

8. Full Name of Father

*James Brundige*

9. Father's Occupation

*Laborer*

10. Father's Birthplace

*Balto -*

Name of Medical Attendant, or other Person who makes this Return.

*John W. Hoff M.D.*

Address

*517 W. Fayette St.*

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34624

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



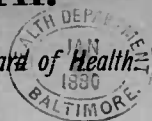
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Jan 13<sup>th</sup> 1879
4. Place of Birth (Street and Number) 34 N. Carrollton Ave
5. Full Name of Mother Margaret Smuck
6. Mother's Maiden Name Helfrich
7. Mother's Birthplace Baltimore
8. Full Name of Father John S. Smuck
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Hoff M.D.
- Address 557 M. Fayette St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34625

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *6<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan '9 1879*

4. Place of Birth (Street and Number) *336 N. Eden St.*

5. Full Name of Mother *Elizabeth Daniel Shoresmick*

6. Mother's Maiden Name *Elizabeth Daniel*

7. Mother's Birthplace *Canada*

8. Full Name of Father *John Shoresmick*

9. Father's Occupation *Steel Dealer & Book Seller*

10. Father's Birthplace *Cleveland*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Humphreys*

Address *377 Madison Ave*

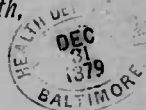
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34626

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Jan'y 22 - 1879
4. Place of Birth (Street and Number) 14 E. Oregon St
5. Full Name of Mother Mary Bond
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father William A. Bond
9. Father's Occupation Machinist
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. John Jeff M.D.
- Address 55 F. M. Ray, etc. etc.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 27 - 1879
4. Place of Birth (Street and Number) 301 Carrollton ave.
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace California
8. Full Name of Father Calvin L. Hooper
9. Father's Occupation Captain in U. S. Revenue Service
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. S. C. Chorr m D
- Address 141 Lomb St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Charles K. Hann



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

February 12<sup>th</sup> 1879

4. Place of Birth (Street and Number)

677 W. Lombard St

5. Full Name of Mother

Lucie Mary D. Hann

6. Mother's Maiden Name

Macher

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas. H. Hann

9. Father's Occupation

Black

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Jeff. P.D.

Address

558 W. Fayette St

Remarks

CERTIFICATE CORRECTED 12-18-52

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Feb 17<sup>th</sup> 1879

4. Place of Birth (Street and Number)

751 W. Pratt St

5. Full Name of Mother

Laura Brady

6. Mother's Maiden Name

Patterson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Brady

9. Father's Occupation

Printer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Jeff. M.D.

Address

518 W. Bay Street

Remarks

Spontaneous



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Decy 20th 1879
4. Place of Birth (Street and Number) 37 S. Poppleton St
5. Full Name of Mother Barbara J. Conley
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace Baltimore
8. Full Name of Father James Conley
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Neff M.D.
- Address 577 W. Bayview St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color ~~White~~ of the white race) \_\_\_\_\_

3. Date of Birth *Dec. 21st 1879*

4. Place of Birth (Street and Number) *Cor Myrtle Avenue & Hoffman St*

5. Full Name of Mother *Emma Regina Rogers*

6. Mother's Maiden Name *Emma Regina Zellers*

7. Mother's Birthplace *Frederick Md.*

8. Full Name of Father *Albert H. Rogers*

9. Father's Occupation *Chair Carpenter*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Richard Henry Thomas M.D.*

Address *191 W. Biddle St*

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34632

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) *African*

3. Date of Birth *Feb. 27, 79*

4. Place of Birth (Street and Number) *33 State St. Balto*

5. Full Name of Mother

*Georgianna Rice*

6. Mother's Maiden Name

*Not Known*

7. Mother's Birthplace

*Va*

8. Full Name of Father

*Stor Rice*

9. Father's Occupation

*Writer*

10. Father's Birthplace

*Va*

Name of Medical Attendant, or other Person who makes this Return.

*A. H. Williams*

Address

*59 N. Charles St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 22-Feb 1879
4. Place of Birth (Street and Number) 504-22 Fremont-
5. Full Name of Mother J. S. - M May Krantz
6. Mother's Maiden Name J. S. - Heeling
7. Mother's Birthplace German
8. Full Name of Father Att Theodoro E May Krantz
9. Father's Occupation Carpenter
10. Father's Birthplace Balto City ind
- Name of Medical Attendant, or other Person who makes this Return. H. J. House
- Address Carey + Westman St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

346531

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

W

3. Date of Birth

March 24<sup>th</sup> 1879

4. Place of Birth (Street and Number)

82 N. Poppleton

5. Full Name of Mother

Elizabeth Brundage

6. Mother's Maiden Name

—

7. Mother's Birthplace

—

8. Full Name of Father

William H. Brundage

9. Father's Occupation

Bookbinder

10. Father's Birthplace

—

Name of Medical Attendant, or other Person who makes this Return.

John Keff M.D.  
558 W. Fayette St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d  
 1. Sex (state whether Ma'e or Female) ~~Mar 5-1879~~ Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Mar 5-1879  
 4. Place of Birth (Street and Number) Cor - Penn Ave & Baker St  
 5. Full Name of Mother Mary Raden  
 6. Mother's Maiden Name Mary Deeman  
 7. Mother's Birthplace Balto City  
 8. Full Name of Father Isaac Raden  
 9. Father's Occupation Beecher  
 10. Father's Birthplace Balto City  
 Name of Medical Attendant, or other Person who makes this Return. N. J. Howard  
 Address Comp & Chestnut Sts  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth March 7<sup>th</sup> 1879
4. Place of Birth (Street and Number) 541 W. Lombard St.
5. Full Name of Mother Mattie Kaufman
6. Mother's Maiden Name Shipley
7. Mother's Birthplace Franklin Co.
8. Full Name of Father John S. Kaufman
9. Father's Occupation Machinist
10. Father's Birthplace Dedrick Md.
- Name of Medical Attendant, or other Person who makes this Return. John Jeff M.D.
- Address 508 W. Fayette St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34636

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) *white*

3. Date of Birth *March 9, 1877*

4. Place of Birth (Street and Number) *Gibbons Hotel - N. Howard St*

5. Full Name of Mother *Mrs. Flagg*

6. Mother's Maiden Name *Don't know*

7. Mother's Birthplace *New York State*

8. Full Name of Father *Mr. Flagg, Office at Liberty St - No.*

9. Father's Occupation *Manufacturer of Lime Ponds*

10. Father's Birthplace *North*

Name of Medical Attendant, or other Person who  
makes this Return.

*A. A. Emerson M.D.*

Address

*5-9 N. Charles St.*

Remarks *Child died within a week after birth - reported*

*aloud. Given at time of the child's death.*

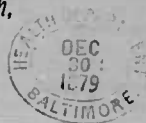


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

311637

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth 17-Mar 1879  
4. Place of Birth (Street and Number) Penna Ave  
5. Full Name of Mother Annie Ballig  
6. Mother's Maiden Name Annie Brille  
7. Mother's Birthplace Balto City  
8. Full Name of Father Wm Ballig  
9. Father's Occupation Merchant  
10. Father's Birthplace Balto City  
Name of Medical Attendant, or other Person who makes this Return. H. O'Hara  
Address Cary & Westin st  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34638

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *17<sup>th</sup> March 1879*

4. Place of Birth (Street and Number) *23 Calhoun St*

5. Full Name of Mother *Julia Saffell*

6. Mother's Maiden Name *Hoover*

7. Mother's Birthplace *N.Y.*

8. Full Name of Father *Charles Saffell*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Dr J. Jones Md*

Address

Remarks *530 W Fayette St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34639

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male  
White  
20<sup>th</sup> March 79  
73 W Filmore St  
Rosa Duval  
Poumainst  
Baltimore Md  
Gabriel Duval  
Merchant  
A A Co Ind  
L J & Louis Ind  
550 W Fayette St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34-640

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

March 26<sup>th</sup> 1879

4. Place of Birth (Street and Number)

25 S. Schroeder

5. Full Name of Mother

Martha Norwood

6. Mother's Maiden Name

Murdoch

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frank Norwood

9. Father's Occupation

Plasterer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Joh. Hoff M.D.  
S. W. Fajen

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311641

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 29. 1879

4. Place of Birth (Street and Number) 268. Harrison

5. Full Name of Mother Mary E. Maelling

6. Mother's Maiden Name " " " " " "

7. Mother's Birthplace Balto

8. Full Name of Father Rudolph Maelling

9. Father's Occupation Mechanic

10. Father's Birthplace Germany

Name of Medical Attendant, or of a Person who makes the return.

Address

Remarks

Dr. Cary Thomas  
317 Madison Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34602

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *April 6<sup>th</sup>*
4. Place of Birth (Street and Number) *88 S. Poppleton St*
5. Full Name of Mother *Ann Miller*
6. Mother's Maiden Name *Leahliiser*
7. Mother's Birthplace *Canoll Co*
8. Full Name of Father *Geo. H. Miller*
9. Father's Occupation *machinist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *John Trigg MD,*
- Address *535 W. Fayette St*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

April 10th - '79

4. Place of Birth (Street and Number)

898 W. Balto St

5. Full Name of Mother

Rachael Godman

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Robt Godman

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Jeff M.D.

Address

558 W. Fayette St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

54644

*To the Office of Registrar of Vital Statistics, Board of Health,*  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) Black

3. Date of Birth Feb. 20. 1879

4. Place of Birth (Street and Number) *In front of no Lexington St*

5. Full Name of Mother Ruben Mitchell

6. Mother's Maiden Name Don't Know

7. Mother's Birthplace *Holt*

S. Full Name of Father *Bob-White, Jr.*

2. Father's Occupation Laborman

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return.

### Address

Remarks

at Kilmarnock  
579 N. Charles St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311-6115

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth April 26th
4. Place of Birth (Street and Number) 68 S. Canastota Ave
5. Full Name of Mother Mary Steele
6. Mother's Maiden Name Hayes
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Steele
9. Father's Occupation Leigar Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Jeff M.D.
- Address 558 N. Dargatzis St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 30<sup>th</sup> 1877
4. Place of Birth (Street and Number) 364 Park Ave
5. Full Name of Mother Carmen M. H. Diggins
6. Mother's Maiden Name Carmen M. Hall
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas F. Diggins
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. La Chas m. D.
- Address 141 Lombard St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34647

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

May 3<sup>d</sup> 1879

4. Place of Birth (Street and Number)

538 W. Lombard

5. Full Name of Mother

Ann Hayes

6. Mother's Maiden Name

7. Mother's Birthplace

Camellies

8. Full Name of Father

Edward Hayes

9. Father's Occupation

Mechanic

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Keff M.D.

Address

538 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *4<sup>th</sup> May - 1879*
4. Place of Birth (Street and Number) *Gayette St. near Mount*
5. Full Name of Mother *Anna Jones*
6. Mother's Maiden Name
7. Mother's Birthplace *Balti. Md.*
8. Full Name of Father *Orren Jones*
9. Father's Occupation *Book - Keeper*
10. Father's Birthplace *Balti. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Jeff Jones M.D.*
- Address
- Remarks *508 W Gayette St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34649

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *3d June 1879*  
 4. Place of Birth (Street and Number) *887 W Baltimore St City*  
 5. Full Name of Mother *Mattie P Hendricks*  
 6. Mother's Maiden Name *Miller*  
 7. Mother's Birthplace *Howard Co. Md*  
 8. Full Name of Father *William Faithful Hendricks*  
 9. Father's Occupation *Officer of the Court*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr J Jones Md*  
 Address *No 53 N. Fayette St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 15<sup>th</sup> 1879
4. Place of Birth (Street and Number) 5 Stockton ally
5. Full Name of Mother Almira Boston
6. Mother's Maiden Name Gillespie
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Mc. Boston
9. Father's Occupation Porter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Jeff M.D.
- Address 558 W. Fayette St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

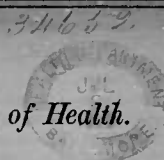


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 29, 1899*
4. Place of Birth (Street and Number) *168 Arguith St*
5. Full Name of Mother *Louisa C. Smith*
6. Mother's Maiden Name *Louisa C. Smith*
7. Mother's Birthplace *Indianapolis, Ind.*
8. Full Name of Father *Thos. W. Smith*
9. Father's Occupation *Household*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. A. Hartman*
- Address *#305 N. Carroll St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether male or female) *White Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Early 1<sup>st</sup> 1899*
4. Place of Birth (Street and Number) *No 13 E Monument St*
5. Full Name of Mother *Bridget Gilcher*
6. Mother's Maiden Name *Bridget Kilduff*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Patrick Gilcher*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Helen Hillquist*
- Address *No 182 E Monument St*
- Remarks



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *July 1st 1877*  
 4. Place of Birth (Street and Number) *No 36 Edward St.*  
 5. Full Name of Mother *Agness Maddicks*  
 6. Mother's Maiden Name *" Hall*  
 7. Mother's Birthplace *Harford County*  
 8. Full Name of Father *Daniel Maddicks*  
 9. Father's Occupation *working in Printers Office*  
 10. Father's Birthplace *Harford County*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs M. A. Buitt*  
 Address *No 185 S.E. cor. Central av. & Monument St.*  
 Remarks *All Well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth July 2<sup>nd</sup> 1879

4. Place of Birth (Street and Number) 24 Ryan St.

5. Full Name of Mother Ann Cole

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace Ireland

8. Full Name of Father William Cole

9. Father's Occupation Blacksmith

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. John Hoff MD,

Address 53 F W Bayard St

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 4. 1879
4. Place of Birth (Street and Number) 2295 N. Caroline St.
5. Full Name of Mother Alice Bailey Hoover
6. Mother's Maiden Name McAllister
7. Mother's Birthplace Baltimore
8. Full Name of Father Andrew Castorick Hoover
9. Father's Occupation Postal Mail Agent
10. Father's Birthplace Bethesda, Washington D.C.
- Name of Medical Attendant, or other Person who makes this Return. Dr. A. Hartman, M.D.
- Address 2295 N. Caroline St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Born July 4th*

4. Place of Birth (Street and Number) *Baltimore No 80 Bissell St*

5. Full Name of Mother *Julia Parker*

6. Mother's Maiden Name *Trasey*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Charles Parker*

9. Father's Occupation *Waiter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Ameline Wilson*

Address *390*

Remarks

*Hamburg*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Only 6<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *34 S. Schroeder St.*
5. Full Name of Mother *Lilly Dittman*
6. Mother's Maiden Name *Moxley*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Dittman*
9. Father's Occupation *Moulder*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *John Kefford*
- Address *517 W. Day St.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> child*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *August - 7<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *9 Harlem Avenue*  
5. Full Name of Mother *Laura V. Leitch*  
6. Mother's Maiden Name *" " Skinner*  
7. Mother's Birthplace *Baltimore City*  
8. Full Name of Father *Edward George Leitch*  
9. Father's Occupation *Book Keeper*  
10. Father's Birthplace *Baltimore City*  
Name of Medical Attendant, or other Person who makes this Return. *J. H. Gibbons M.D.*  
Address *47 Edmondson Ave*  
Remarks *Small, weighing but 5 lb - supposed to be eight months -*



That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34659

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

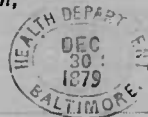
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth August 3<sup>rd</sup> 1879.
4. Place of Birth (Street and Number) \_\_\_\_\_
5. Full Name of Mother Clementine Schless
6. Mother's Maiden Name Spätker
7. Mother's Birthplace Baltimore
8. Full Name of Father Frederic Schless
9. Father's Occupation Exporter, Shipper
10. Father's Birthplace Bremen Germany
- Name of Medical Attendant, or other Person who makes this Return. Conrad C. Stoen M. D.
- Address 183 Dr. Haystack St.
- Remarks Perfectly normal Birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34660

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 7- July - 1879
4. Place of Birth (Street and Number) 2 Calhoun St
5. Full Name of Mother Josephine Akin
6. Mother's Maiden Name Josephine Rodenbeck
7. Mother's Birthplace Elton Cecil County
8. Full Name of Father Samuel Akin
9. Father's Occupation Labourer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Dr J. J. H. H. H.
- Address Coney & Westman Sts.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34661

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> 5<sup>th</sup>*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth *July 8<sup>th</sup>*  
4. Place of Birth (Street and Number) *Pennsylvania Ave*  
5. Full Name of Mother *Helen Frank*  
6. Mother's Maiden Name *Stewart*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Jacob Frank*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Emma C. Steen M.D.*  
Address *183 W. Fayette St.*  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth August 8<sup>th</sup>
4. Place of Birth (Street and Number) 290 N. Stricker St.
5. Full Name of Mother Lavinia Medcalfe
6. Mother's Maiden Name Haelep
7. Mother's Birthplace Baltimore
8. Full Name of Father John A. J. Medcalfe
9. Father's Occupation Clerk or Bookkeeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Hiff MD,  
SJFMDayett St
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34663

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13 Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Born July 9<sup>th</sup>*
4. Place of Birth (Street and Number) *Baltimore No 77 Hengerberg*
5. Full Name of Mother *Aniliger Tolison*
6. Mother's Maiden Name *Booth*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Tolison*
9. Father's Occupation *Brickmaker and Oyster*
10. Father's Birthplace *Chester town*
- Name of Medical Attendant, or other Person who makes this Return *Aniline Wilson*
- Address *390 1<sup>st</sup> Hamburg St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth July 9<sup>th</sup> 1879

4. Place of Birth, (Street and Number) 118 Warner st

5. Full Name of Mother Sarah F. Skayler

6. Mother's Maiden Name Crouch

7. Mother's Birthplace Balto.

8. Full Name of Father Thos. C. Skayler

9. Father's Occupation Wagoner

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who 'makes' this Return. Thos C. Skayler

Address 118 Warner st.

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Collard*
3. Date of Birth *July 9<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 706 Benson St.*
5. Full Name of Mother *Lydie Rott*
6. Mother's Maiden Name *" Bratt*
7. Mother's Birthplace *Eastern Shore*
8. Full Name of Father *Jm Rott*
9. Father's Occupation *Iron Laborer*
10. Father's Birthplace *Eastern Shore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. Bratt*
- Address *No. 185 E. ~~Law~~ St. Centell or Monument St.*
- Remarks *Parabel Well*

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth July 14th. 1879.  
 4. Place of Birth (Street and Number) No 1301. Central av.  
 5. Full Name of Mother Theresa Blanthold  
 6. Mother's Maiden Name Albert  
 7. Mother's Birthplace Speesen Germany  
 8. Full Name of Father John Blanthold  
 9. Father's Occupation Shoemaker  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other person who makes this Return. Mrs. M. A. Burt.  
 Address No 185 W. cor. Central av. & Monument St.  
 Remarks Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 19<sup>th</sup> 1877*
4. Place of Birth (Street and Number) *No 1550 Bayford road*
5. Full Name of Mother *Hannah Vogel*
6. Mother's Maiden Name *" Cornor*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *August Vogel*
9. Father's Occupation *Cigar maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. Bull.*
- Address *No. 1850 E. cor. Central av. & Monument St.*
- Remarks *Well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34668

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 21. 1879*  
4. Place of Birth (Street and Number) *Eden St. above John*  
5. Full Name of Mother *Julia Anna Batzer*  
6. Mother's Maiden Name *" " Betzel*  
7. Mother's Birthplace *Bath.*  
8. Full Name of Father *Joseph A. Batzer*  
9. Father's Occupation *Cutter*  
10. Father's Birthplace *Bath.*  
Name of Medical Attendant, or other Person who makes this Return. *A. Hartman M.D.*  
Address *2035 N. Caroline St.*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 21st 1879

4. Place of Birth (Street and Number)

Chase St above Washington

5. Full Name of Mother

Martie Preston

6. Mother's Maiden Name

Russel

7. Mother's Birthplace

Baltimore county

8. Full Name of Father

Wm Preston

9. Father's Occupation

Arabing

10. Father's Birthplace

Harford county

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. A. Bull

Address No 185 S. E. cor. Central av. W. Monument St.

Remarks Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2ed.*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *July 23 1878*  
4. Place of Birth (Street and Number) *Natb Highland town*  
5. Full Name of Mother *Anna Friedlmaier*  
6. Mother's Maiden Name *Anna Maier*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *William Friedlmaier*  
9. Father's Occupation *Bookbinder*  
10. Father's Birthplace *Bararia, Germany*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs M. A. BURAT*  
Address *No. 185 S.E. cor Central av. & Monument St*  
Remarks *Well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34671

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *Collard*  
 3. Date of Birth *July 27. 1879.*  
 4. Place of Birth (Street and Number) *No 7 Union Court.*  
 5. Full Name of Mother *Anna Bennett*  
 6. Mother's Maiden Name *" Hall*  
 7. Mother's Birthplace *Harford County*  
 8. Full Name of Father *George Bennett*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Kennedy County.*  
 Name of Medical Attendant, or other Person who makes this Return *Mrs. M. A. Butts*  
 Address *No 185 E. cor. Central av. & Monument St.*  
 Remarks *All Well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311-79

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race)
3. Date of Birth 30 July 1879
4. Place of Birth (Street and Number) 13 Ramsay St.
5. Full Name of Mother Hannah Krebs
6. Mother's Maiden Name " Feigel
7. Mother's Birthplace N. Y. St.
8. Full Name of Father Edward Krebs
9. Father's Occupation Clerk
10. Father's Birthplace N. Y. St.
- Name of Medical Attendant, or other Person who makes this Return. Sarah Casper
- Address 52 E. Second St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 30<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *12 Denmark*
5. Full Name of Mother *Mrs. Ella Bonds*
6. Mother's Maiden Name *Miss Ella Baile*
7. Mother's Birthplace *Cincinnati*
8. Full Name of Father *Wm. L. Bonds Jr.*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *D. W. Littleberger*
- Address *121 W. Hennings*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 31 1899
4. Place of Birth (Street and Number) 1435 N. Carroll St. / Crowder
5. Full Name of Mother Hannie Cecilia Crowder
6. Mother's Maiden Name Fowler
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Charles Ernst Crowder
9. Father's Occupation Plumber
10. Father's Birthplace XXXX XXXX St. Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.
- Address 305 N. Carroll St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 5. 1879*
4. Place of Birth (Street and Number) *\* 83 Chapel St.*
5. Full Name of Mother *Mary E. Supton*
6. Mother's Maiden Name *" " (not married)*
7. Mother's Birthplace *Balto. Co.*
8. Full Name of Father *Hugh J. Neaples*
9. Father's Occupation *Tanner*
10. Father's Birthplace *Norfolk Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. A. Hartman M.D.*
- Address *2305 - 56 Caroline St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311676

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Aug 9, 1899*  
4. Place of Birth (Street and Number) *#338 W. Caroline St.*  
5. Full Name of Mother *Sallie H. Lightbourn*  
6. Mother's Maiden Name *" " Macmillan*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Albert W. Lightbourn*  
9. Father's Occupation *Minister of Gospel*  
10. Father's Birthplace *Wilmington, Pa.*  
Name of Medical Attendant, or other Person who makes this Return. *Geo. A. Nathman M.D.*  
Address *#305 W. Caroline St.*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 13, 1879*
4. Place of Birth (Street and Number) *\* 345 - N. Caroline St.*
5. Full Name of Mother *Angelica Pearson M<sup>rs</sup> A. A. Hoover*
6. Mother's Maiden Name *Hoover*
7. Mother's Birthplace *Washington D.C.*
8. Full Name of Father *Thos. Bailey M<sup>rs</sup> A. A. Hoover*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Italy (ind)*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. A. Hartman M.D.*
- Address *\* 305 N. Caroline St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

134678

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 15. 1899

4. Place of Birth (Street and Number)

\* 247 W. Carroll St.

5. Full Name of Mother

Amanda Palmer King

6. Mother's Maiden Name

7. Mother's Birthplace

Delaware Co. Penn.

8. Full Name of Father

William W. King

9. Father's Occupation

Carpenter

10. Father's Birthplace

Somerset Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. Hartman, M.D.

Address

\* 305-52 Caroline St.

Remarks

# RETURN OF A BIRTH.

34679

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who make this Return.

Address

Remarks

Male  
White  
17 August  
107, N. Carrollton Avenue  
Anna Getty  
Wolfe  
Baltimore  
George A. Getty  
Merchant  
Baltimore City  
J. Jones M.D.  
530 Fayette St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34680

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth August 17<sup>th</sup> 1879

4. Place of Birth (Street and Number) 22 S. Leathorn St

5. Full Name of Mother Sarah Chapman

6. Mother's Maiden Name Bayley

7. Mother's Birthplace Baltimore

8. Full Name of Father William J. Chapman

9. Father's Occupation Bookkeeper

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. John Jeff M.D.

Address 557 N. Enoch St.

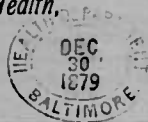
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34681

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Ma's or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Aug 17 - 1879
4. Place of Birth (Street and Number) 141 Baker St
5. Full Name of Mother Minnie Dudley
6. Mother's Maiden Name Annies Aschles
7. Mother's Birthplace Balto City
8. Full Name of Father John Dudley
9. Father's Occupation Labor
10. Father's Birthplace Balto City
- Name of Medical Attendant, or other Person who makes this Return. A. J. Howard
- Address Coney & West main City
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

346821

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug. 17, 1879

4. Place of Birth (Street and Number) \* 427 W. Central St.

5. Full Name of Mother Julia Rasier

6. Mother's Maiden Name Claypool

7. Mother's Birthplace Kent Co. Md.

8. Full Name of Father J. Thomas Rasier

9. Father's Occupation Clerk of Court of Common Pleas

10. Father's Birthplace Kent Co. Md.

Name of Medical Attendant, or other Person who makes this Return. A. Hartman Md.

Address \* 305 W. Caroline St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34683

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *August 22<sup>nd</sup> 1879*
4. Place of Birth (Street and Number) *178 Columbia Ave*
5. Full Name of Mother *Alice Braun*
6. Mother's Maiden Name *Kelley*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George L. Braun*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *John Jeff MD*
- Address *517 W. 3rd St*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

346811

Oct  
879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 31. 1879*
4. Place of Birth (Street and Number) *\* 368 21. Durham St.*
5. Full Name of Mother *Bridget Campbell Bursley*
6. Mother's Maiden Name *Bridget Campbell*
7. Mother's Birthplace *County Tyrone - Ireland*
8. Full Name of Father *James Bursley*
9. Father's Occupation *Shoe-maker*
10. Father's Birthplace *County of Slais - Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. A. Hartman M.D.*
- Address *\* 305 N. Caroline St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31685



To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 1. 1879
4. Place of Birth (Street and Number) W. cor. Harford av. & Eager st.
5. Full Name of Mother Mary A. Sparks
6. Mother's Maiden Name " " Amy
7. Mother's Birthplace Balt. City
8. Full Name of Father Edward J. Sparks
9. Father's Occupation Painter
10. Father's Birthplace Balt. City
- Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.
- Address 305 N. Calumet St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34686

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>5</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

September 3<sup>d</sup> 1879

4. Place of Birth (Street and Number)

20 N. Arlington Ave

5. Full Name of Mother

Katherine Overman

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Overman

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. H. M.D.

Address

551 W. Dey St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 4, 1899.
4. Place of Birth (Street and Number) \* 282 E. Biddle St.
5. Full Name of Mother Maggie Emerson Leamon
6. Mother's Maiden Name " " Stansberry
7. Mother's Birthplace Beth. Md.
8. Full Name of Father George Leamon
9. Father's Occupation Superintendent
10. Father's Birthplace St. Louis, Missouri
- Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.
- Address \* 305 W. Carroll St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34688

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

6 of September 1879

4. Place of Birth (Street and Number)

123 Hamburg St

5. Full Name of Mother

Mary E Lewis

6. Mother's Maiden Name

Mary E Caskey

7. Mother's Birthplace

Baltimore MD

8. Full Name of Father

John Lewis

9. Father's Occupation

Care Maker

10. Father's Birthplace

Baltimore MD

Name of Medical Attendant, or other Person who makes this Return.

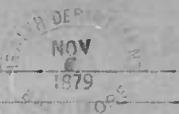
Wm. M. R. Caskey

Address

134 Hamburg St

Remarks

Doing Well



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34689

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *41*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *9 September 1879*

4. Place of Birth (Street and Number) *406 Madison Avenue*

5. Full Name of Mother *Gertrude Griffith*

6. Mother's Maiden Name *Thompson*

7. Mother's Birthplace *Balto - Md.*

8. Full Name of Father *David I Griffith*

9. Father's Occupation *Balto - Md.*

10. Father's Birthplace *Balto - Md.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. James M.*

Address *530 W. Fayette*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34640

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

September 9<sup>th</sup> 79

4. Place of Birth (Street and Number)

250 Hollins

5. Full Name of Mother

Mary Elizabeth Webster  
Duffell

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

George M Webster

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Siff M.D.

Address

507 W. Bayview St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34691

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Sept 16<sup>th</sup> 79

4. Place of Birth (Street and Number)

559 Beatoysa St

5. Full Name of Mother

Ann Ireland

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George A. Ireland

9. Father's Occupation

Iron dealer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Hoff M.D.  
555 W. Bay View

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

54692

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 25
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth September 15<sup>th</sup> 79
4. Place of Birth (Street and Number) 157 Rabun St
5. Full Name of Mother May West
6. Mother's Maiden Name —
7. Mother's Birthplace Baltimore
8. Full Name of Father Beverly West
9. Father's Occupation Wheeler
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*John Jeffers,*  
*Registrar*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34695

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

second child

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept. 18, 1879

4. Place of Birth (Street and Number)

18, S. Chester St.

5. Full Name of Mother

Mary B. Hyman

6. Mother's Maiden Name

Wrightson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James Frederick

9. Father's Occupation

seafaring man

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. H. H. Blaney

Address

Remarks

[Handwritten signature]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34694

To the Office of Registrar of Vital Statistics, Bqrd of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2 5 1

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

September 17<sup>th</sup> 1879

4. Place of Birth (Street and Number)

2740 Lombard & Gilman St

5. Full Name of Mother

Lora Harr

6. Mother's Maiden Name

Duffy

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Harr

9. Father's Occupation

City Pass. Landmark

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Neff M.D.

Address

507 W. Fayette St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- 34695
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(4<sup>th</sup>) Fourth*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 20<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 436 W. Lombard St.*
5. Full Name of Mother *Fannie*
6. Mother's Maiden Name *Wheeler*
7. Mother's Birthplace *England*
8. Full Name of Father *John Adam Steitz*
9. Father's Occupation *Slater*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Ridgely Hammond M. D.*
- Address *No. 148 S. Carly Street Baltimore Md.*
- Remarks *Child, — large & healthy.*

*This return, unintentionally overlooked & neglected. J. H.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34696

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 20<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 78 S. Ann St.*
5. Full Name of Mother *Mary Dierly*
6. Mother's Maiden Name *Duchow*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *William Disney*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Thos. W. D.*
- Address *244 Bank St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34697

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *3rd*  
1. Sex (state whether Male or Female)... *Male*  
2. Race or Color (if not of the white race)... *White*  
3. Date of Birth... *Sept. 25 1899*  
4. Place of Birth (Street and Number)... *\* 325 E. Biddle St*  
5. Full Name of Mother... *Nelissa L. Boyce*  
6. Mother's Maiden Name... *Milner*  
7. Mother's Birthplace... *Balt. City*  
8. Full Name of Father... *John J. Boyce*  
9. Father's Occupation... *Hotel Agent*  
10. Father's Birthplace... *Balt. Md*  
Name of Medical Attendant, or other Person who makes this Return... *Geo. A. Hartman M.D.*  
Address... *\* 305 N. Caroline St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34698

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Sept. 27, 1899  
4. Place of Birth (Street and Number) Eden St. Belad. Engel  
5. Full Name of Mother Harriet R. Armstrong  
6. Mother's Maiden Name " " Winchester  
7. Mother's Birthplace Cecil Co. Md.  
8. Full Name of Father James E. Armstrong  
9. Father's Occupation Shoe-cutter  
10. Father's Birthplace Wilmington Del.  
Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.  
Address \* 305 5<sup>th</sup> Caroline  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34699

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Sept. 28, 1899*  
4. Place of Birth (Street and Number) *#408 21<sup>st</sup> Central Ave.*  
5. Full Name of Mother *Leticia DeHauer*  
6. Mother's Maiden Name *" " DeFord*  
7. Mother's Birthplace *Queen Anne's Co. Md.*  
8. Full Name of Father *Henry M. Hauer*  
9. Father's Occupation *Salveman*  
10. Father's Birthplace *London Co. Va.*  
Name of Medical Attendant, or other Person who makes this Return. *George A. Hartman M.D.*  
Address *#305 N. Caroline St.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34700

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *September 29<sup>th</sup> 79*

4. Place of Birth (Street and Number) *250 Columbia Ave*

5. Full Name of Mother *Elizabeth Bell*

6. Mother's Maiden Name *Howard*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Henry Bell*

9. Father's Occupation *Produce Dealer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*John Jeff M.D.  
500 W. Bay St.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34701

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 30 - 1879
4. Place of Birth (Street and Number) 40 Townsend St
5. Full Name of Mother Rebecca Henrietta Elliott
6. Mother's Maiden Name Rebecca Henrietta
7. Mother's Birthplace Baltimore
8. Full Name of Father Francis M. Elliott
9. Father's Occupation Merchant
10. Father's Birthplace King William Co. Va.
- Name of Medical Attendant, or other Person who makes this Return. J. C. Chas. M. D.
- Address 141 Lombard St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34702

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>m</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth

*September 25*

4. Place of Birth (Street and Number)

*90 E. Payson*

5. Full Name of Mother

*Ellen Whitehead*

6. Mother's Maiden Name

*Leist*

7. Mother's Birthplace

*Balto.*

8. Full Name of Father

*Samuel Whitehead*

9. Father's Occupation

*Clerk in Post Office*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*John. Jeff M.D.*

Address

*517 W. Myrtle St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 6<sup>th</sup> child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored race*
3. Date of Birth *2nd of October*
4. Place of Birth (Street and Number) *warner street 202*
5. Full Name of Mother. *Annny Holiday*
6. Mother's Maiden Name *Annny Turner*
7. Mother's Birthplace *hartford county*
8. Full Name of Father *richard Holiday*
9. Father's Occupation *livery stable*
10. Father's Birthplace *prince georgia upermolby*
- Name of Medical Attendant, or other Person who makes this return *Abigail Brooks*
- Address *210 south warner street*
- Remarks

*Abraham Turner*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

347011



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>th</sup>*
1. Sex (state whether Male or Female) *Boi*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *2. October*
4. Place of Birth (Street and Number) *494 Chase Str*
5. Full Name of Mother *Josephine Schulz.*
6. Mother's Maiden Name *" Kuece.*
7. Mother's Birthplace *Pittsburg Bohemia*
8. Full Name of Father *Franc. Schulz*
9. Father's Occupation *Carbor*
10. Father's Birthplace *Pittsburg Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Konrad*
- Address *30 Barnes Str*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 8-16-57  
**RETURN OF A BIRTH.**

34703

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



*James Lees Hall*  
3rd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Male*

*White*

*Oct. 3. 1899*

*Cor. John & Vane*

*Fannie M. Hall*

*J. Marshall*

*Tauquiss Co. Va.*

*Charles J. Hall*

*Episcopal Clergyman*

*Jackson Co. Va.*

*Geo. A. Hartman M.D.*

*# 305 W. Caroline*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *4. October*
4. Place of Birth (Street and Number) *121. N. Chapel St.*
5. Full Name of Mother *Maria Klimova*
6. Mother's Maiden Name *" Czech*
7. Mother's Birthplace *Usteda Bohemia.*
8. Full Name of Father *Frank Klimov*
9. Father's Occupation *Blacksmith.*
10. Father's Birthplace *Bianie.*
- Name of Medical Attendant, or other Person who makes this Return. *J. Howard*
- Address *20 Barnes St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

*Second Child*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*Oct 4th 1879*

4. Place of Birth (Street and Number)

*34 Polomae St. Hamilton*

5. Full Name of Mother

*May Flynn*

6. Mother's Maiden Name

*McCarthy*

7. Mother's Birthplace

*Ireland*

8. Full Name of Father

*James Flynn*

9. Father's Occupation

*Carriage Maker*

10. Father's Birthplace

*Ireland*

Name of Medical Attendant, or other Person who makes this Return

*D. H. [Signature]*

Address

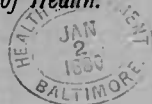
Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34708

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth October 4. 1879
4. Place of Birth (Street and Number) 224 Angyle Ave
5. Full Name of Mother Ella Jane Peck
6. Mother's Maiden Name " " Lancaster
7. Mother's Birthplace Balto
8. Full Name of Father David A. J. Peck
9. Father's Occupation Paymaster B & O RR.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Dr Henry Thomas M.D.*  
*317 Madison Ave*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34709

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female)

*Colored Male*

2. Race or Color (if not of the white race)

*Colored*

3. Date of Birth

*October 6<sup>th</sup>*

4. Place of Birth (Street and Number)

*38 Vincent ally*

5. Full Name of Mother

*May Green*

6. Mother's Maiden Name

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*None*

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

*John Jeff M.D.  
557 W. B. Street*

Address

Remarks

*Instrumental*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 7. 1899
4. Place of Birth (Street and Number) 296 E. Biddle St.
5. Full Name of Mother M. Anna Hook
6. Mother's Maiden Name Miller
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father James W. Hook
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.
- Address 2305 N. Caroline
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

311711

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth October 10th 1879

4. Place of Birth (Street and Number) Penna. Ave

5. Full Name of Mother Mary Willson

6. Mother's Maiden Name Mary Forman

7. Mother's Birthplace Baltimore County

8. Full Name of Father John Willson

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. Attest

Address Corn + S. Robinson Sts

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 10. 1879
4. Place of Birth (Street and Number) 5 Federal St.
5. Full Name of Mother Sarah Frances Hawkins
6. Mother's Maiden Name " " Cage
7. Mother's Birthplace Prince George Co. Md.
8. Full Name of Father Henry J. Hawkins
9. Father's Occupation Farming
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.
- Address # 305 N. Caroline
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 13. 1899

4. Place of Birth (Street and Number)

\* 369 N. Bond St.

5. Full Name of Mother

Laura Frances Fowler

6. Mother's Maiden Name

" " Myers

7. Mother's Birthplace

Balt. City

8. Full Name of Father

William Henry Fowler

9. Father's Occupation

Ship Carpenter

10. Father's Birthplace

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Geo. A. Hartman M.D.

Address

\* 305 N. Caroline St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34714

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct. 13<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *107 E. Bond*

5. Full Name of Mother *Mary Elizabeth Reichell*

6. Mother's Maiden Name *M. E. Ruman*

7. Mother's Birthplace *Balto. City*

8. Full Name of Father *Thos. Hays Reichell*

9. Father's Occupation *Minister*

10. Father's Birthplace *Balto. City*

Name of Medical Attendant, or other Person who makes this Return *Amey E. Dinnelle M.D.*

Address *299 E. Baltimore Street*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 16-1879
4. Place of Birth (Street and Number) 56 Balton St
5. Full Name of Mother Hester Whistler
6. Mother's Maiden Name Hester Barry
7. Mother's Birthplace Baltimore
8. Full Name of Father George W. Whistler
9. Father's Occupation none
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. C. Chew M. D.
- Address 141 Lombard St
- Remarks died still-born, from uraemic calcification in the  
mother: The mother recovered.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 16. 1899
4. Place of Birth (Street and Number) Charles St. near Boundary Rd.
5. Full Name of Mother Mary Annus King
6. Mother's Maiden Name Mary Annus
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Frank Augustus King
9. Father's Occupation Carpenter
10. Father's Birthplace Queen Anne's Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.
- Address 12305 36 Caroline
- Remarks

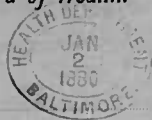


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34717

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 11th
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth October 16. 1879
4. Place of Birth (Street and Number) Maryland Penitentiary Workmen House
5. Full Name of Mother Fanny W. McKendall
6. Mother's Maiden Name " " Beuett
7. Mother's Birthplace Baltimore
8. Full Name of Father Thos S. McKendall
9. Father's Occupation Warden Penitentiary
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. Carey Thomas M.D.
- Address 317 Madison Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 17. 1879

4. Place of Birth (Street and Number)

318 Light St. Balt.

5. Full Name of Mother

Lena Marshall

6. Mother's Maiden Name

Lena Lenehoff

7. Mother's Birthplace

Germany

8. Full Name of Father

John Marshall

9. Father's Occupation

Fireman in fruit & oyster packing house

10. Father's Birthplace

In one of the islands of the Azores

Name of Medical Attendant, or other Person who makes this Return.

Richd. Henry Thomas M.D.

Address

191 W. Biddle St

Remarks

Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34719

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 30. 1899.

4. Place of Birth (Street and Number)

\* 287 N. Caroline St.

5. Full Name of Mother

Margaret Ann Morrison

6. Mother's Maiden Name

" Register

7. Mother's Birthplace

Beth. Ind.

8. Full Name of Father

George Morrison

9. Father's Occupation

Minister of Gospel

10. Father's Birthplace

Beth. Co. Ind.

Name of Medical Attendant, or other Person who makes this Return.

Geo. A. Hartman M.D.

Address

\* 305 N. Caroline St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34720

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV 1 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21 October*
4. Place of Birth (Street and Number) *42. Barnes St.*
5. Full Name of Mother *Katharine Simck*
6. Mother's Maiden Name *" Rades*
7. Mother's Birthplace *Kajek Bohemia*
8. Full Name of Father *John Simck*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Kajek Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *J. Herrod*
- Address *20 Barnes St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 26 1879
4. Place of Birth (Street and Number) 53 N Liberty St
5. Full Name of Mother Emma Boyd Folwell
6. Mother's Maiden Name Emma Folwell
7. Mother's Birthplace Holt
8. Full Name of Father David Folwell
9. Father's Occupation Phys
10. Father's Birthplace Phila
- Name of Medical Attendant, or other Person who makes this Return. A. A. Whitehead
- Address 59 N Charles St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 22*
4. Place of Birth (Street and Number) *11 Hawk St -*
5. Full Name of Mother *Mary Ellen*
6. Mother's Maiden Name *Lindley*
7. Mother's Birthplace *Liebsberg Pa.*
8. Full Name of Father *Charles Henry Maubon*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Millbury Mass.*
- Name of Medical Attendant, or other Person who makes this Return. *Emma C. Steen M.D.*
- Address *183 W. Fayette St -*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 27. 1899

4. Place of Birth (Street and Number)

Innsmouth (ad. near Boundary

5. Full Name of Mother

Emma Virginia Stewart

6. Mother's Maiden Name

" " King

7. Mother's Birthplace

Phil<sup>a</sup> Pa.

8. Full Name of Father

George Albert Stewart

9. Father's Occupation

Builder

10. Father's Birthplace

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Geo. A. Hartman M.D.

Address

2305 N. Caroline St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 29<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *No 203 Studson St*

5. Full Name of Mother *Mrs Margaret Gebhart*

6. Mother's Maiden Name " " " " *Bauma*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Fred Gebhart*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs Goetzke*

Address *No 58 S Bond St*

Remarks



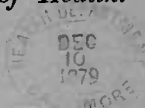


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 29th 1899
4. Place of Birth, (Street and Number) 224 S. Charles St.
5. Full Name of Mother Lizzie Richards
6. Mother's Maiden Name " Eimecker
7. Mother's Birthplace Baltimore
8. Full Name of Father George T. Richards
9. Father's Occupation Barber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mr. Margaret S. Johnson
- Address 185 1/2 E. J.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 30th 1879*

4. Place of Birth (Street and Number) *No 45 S. Bond St*

5. Full Name of Mother *Mrs. Rose Phillips*

6. Mother's Maiden Name *Collison*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Phillips*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who made this Report *Mrs. Goetzke*

Address *No 35 S. Bond St*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 3 / 1870
4. Place of Birth, (Street and Number) No 130 S. Howard St
5. Full Name of Mother Mary Brand
6. Mother's Maiden Name " Prigance
7. Mother's Birthplace Balt
8. Full Name of Father Leopold Prigance
9. Father's Occupation Carpenter
10. Father's Birthplace Balt
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. Wright St. Richmond
- Address 133 2125 St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34728

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 1st 1879

4. Place of Birth (Street and Number)

No. 466 Fayette St.

5. Full Name of Mother

Barbara Acorn

6. Mother's Maiden Name

Garrison

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Ray Garrison

9. Father's Occupation

Pilot

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. Smith

Address

211 E. Pratt St.

Remarks

Dr. J. H. Smith

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *Colored*  
3. Date of Birth *Nov. 1, 1879*  
4. Place of Birth (Street and Number) *39 Oxford St*  
5. Full Name of Mother *Louisiann Thomas*  
6. Mother's Maiden Name *Archer*  
7. Mother's Birthplace *Rockbridge Co - Virginia*  
8. Full Name of Father *Henry Thomas*  
9. Father's Occupation *Waiter*  
10. Father's Birthplace *Maryland*  
Name of Medical Attendant, or other Person who makes this Return. *J. E. Atkinson*  
Address *223 Madison St.*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 1<sup>st</sup> 1879

4. Place of Birth (Street and Number) No 445 of Chase St

5. Full Name of Mother Caroline Shinniger

6. Mother's Maiden Name Caroline Hecker

7. Mother's Birthplace Baltimore

8. Full Name of Father Matthias Shinniger

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Willgeist

Address No 102 of Mechanic St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 2d

1. Sex (state whether Male or Female) .. Female

2. Race or Color (if not of the white race) ..

3. Date of Birth .. November 1st 1879

4. Place of Birth (Street and Number) .. 42 Thames St.

5. Full Name of Mother .. Mary B. Pohl

6. Mother's Maiden Name .. " " Kampert

7. Mother's Birthplace .. City

8. Full Name of Father .. Fred W. Pohl

9. Father's Occupation .. Sugar Maker

10. Father's Birthplace .. Germany

Name of Medical Attendant, or other Person who makes this Return .. Mrs Elizabeth Bots

Address .. 245 Canton Ave

Remarks ..

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34739

NOV  
14  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Novemb. 1 d 1879
4. Place of Birth (Street and Number) 117 Jefferson St.
5. Full Name of Mother Margaret Strong
6. Mother's Maiden Name Margn. Schluetter
7. Mother's Birthplace Baltimore
8. Full Name of Father Wesley Strong
9. Father's Occupation Print. Office
10. Father's Birthplace Baltimore Co.
- Name of Medical Attendant, or other Person who makes this Return. M. B. Rudiger
- Address 124 Bond St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 1. 1899

4. Place of Birth (Street and Number)

# 34 W. High St.

5. Full Name of Mother

Margaret Edwards

6. Mother's Maiden Name

McClary

7. Mother's Birthplace

Balt. Md.

8. Full Name of Father

Thomas Edwards

9. Father's Occupation

Tailor

10. Father's Birthplace

Middleton Co. Eng.

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. Hartman M.D.

Address

# 305 W. Caroline St.

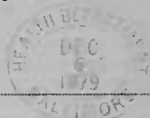
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 1st 1879*
4. Place of Birth (Street and Number) *No 3 above St Baltimore*
5. Full Name of Mother *Helena Christ Lankford*
6. Mother's Maiden Name *Helena Christ*
7. Mother's Birthplace *Baltimore, Md*
8. Full Name of Father *Robert Henry Lankford*
9. Father's Occupation *Jeweler*
10. Father's Birthplace *Baltimore, Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Rutts*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *November 6, 1879*

4. Place of Birth (Street and Number) *418 Park Ave*

5. Full Name of Mother *Sarah H. Gard*

6. Mother's Maiden Name *Louery*

7. Mother's Birthplace *Indianapolis Ind.*

8. Full Name of Father *E. R. Gard*

9. Father's Occupation *Brick Manufacturer*

10. Father's Birthplace *Freemont Mich. Ohio*

Name of Medical Attendant, or other Person who makes this Return. *B. H. Kerman M.D.*

Address *No. 1715 W. Carey*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34736

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 1

4. Place of Birth (Street and Number)

Lemon St

5. Full Name of Mother

Mary Kelly

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

P. Kelly

9. Father's Occupation

Mechanic

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edw J. McKeown

Address

279 W. Lombard

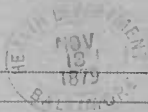
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

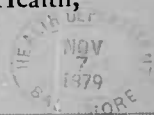
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*  
1. Sex (state whether male or female) *Girl*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Nov 1st 1879*  
4. Place of Birth (Street and Number) *# 257 Bank St*  
5. Full Name of Mother *Mary H. English*  
6. Mother's Maiden Name *Mary Healy*  
7. Mother's Birthplace *Ireland*  
8. Full Name of Father *Robert English*  
9. Father's Occupation *Fireman*  
10. Father's Birthplace *Ireland*  
Name of Medical Attendant, or other Person who makes this Return, *Mrs Mary E. James*  
Address *# 171 E Washington St.*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov 1st 1872*
4. Place of Birth (Street and Number) *196 Madison Street*
5. Full Name of Mother *Lizzy Ann*
6. Mother's Maiden Name *Lizzy Wolfe*
7. Mother's Birthplace *for pine county*
8. Full Name of Father *Sam Cantle*
9. Father's Occupation *Colman*
10. Father's Birthplace *for pine county*
- Name of Medical Attendant, or other Person who makes this Return. *Wiley Gross*
- Address *182 York Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex: (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 1<sup>st</sup> 1879

4. Place of Birth (Street and Number)

57 Fawn St

5. Full Name of Mother

Mary A Agnew

6. Mother's Maiden Name

Patze

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

Thos J Agnew

9. Father's Occupation

clerk

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

D W Lathrop M.D

Address

217 Broadway

Remarks



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV 3 1879  
ORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Nov. 1. 1879  
J. Bennett 274  
Louise Hebern  
Hollendick  
Pharmaceutical Business  
Blod Hebern  
Ship Carpenter  
Omer Schmiedel  
Herr Johann Pappach  
C. Pfeister No 14  
Herr Euse

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34742

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Nov. 1. 1879.
4. Place of Birth (Street and Number) 145 1/2 Montgomerrey
5. Full Name of Mother Mary Jones
6. Mother's Maiden Name Pearson
7. Mother's Birthplace Malt MD
8. Full Name of Father W. C. Jones
9. Father's Occupation Machinist
10. Father's Birthplace Malt MD
- Name of Medical Attendant, or other Person who makes this Return. Dr. W. Webster MD.
- Address 57 Barrist
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3117113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) girl
2. Race or Color (if not of the white race) White
3. Date of Birth 1st November 1879
4. Place of Birth (Street and Number) Baltimore Dallas No 247
5. Full Name of Mother Ellie Jursich
6. Mother's Maiden Name Ellie Jelenka
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Jursich
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mad. Kopchik
- Address 69 Washington
- Remarks M. Kopchik

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ed*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov 1899*

4. Place of Birth (Street and Number) *#2 Madison Alley*

5. Full Name of Mother *Helena B. Gill*

6. Mother's Maiden Name *Helena Borne*

7. Mother's Birthplace *German*

8. Full Name of Father *Jacob Gill*

9. Father's Occupation *Buckskin*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Furman*

Address *#171 P. Washington St.*

Remarks *Died from the affliction of the mother*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

24745

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 1 of November
4. Place of Birth (Street and Number) 196 Patterson Park Av
5. Full Name of Mother Laura Cadell
6. Mother's Maiden Name Laura Parrot
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Cadell
9. Father's Occupation Sabera
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley
- Address No 12 Patterson Park Av
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34716

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November 1<sup>st</sup> 1879
4. Place of Birth, (Street and Number) 407 Alameda St
5. Full Name of Mother Catherine Schmeisser
6. Mother's Maiden Name " " Körfler
7. Mother's Birthplace Germany
8. Full Name of Father John Schmeisser
9. Father's Occupation Resturant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft
- Address 236 Canton ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34747

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
11  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d.*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *November 1. 79*
4. Place of Birth (Street and Number) *65 North Schroder Street*
5. Full Name of Mother *Charlotte*
6. Mother's Maiden Name *Lohmeyer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *August Markert*
9. Father's Occupation *Grocery*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Dumlér*
- Address *60 North Schroder*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32748

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Nov. 16<sup>th</sup> 1877

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether male or female) female.
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 14 1877.
4. Place of Birth (Street and Number) 161 Chapel St.
5. Full Name of Mother Annie Maria
6. Mother's Maiden Name Annie Green
7. Mother's Birthplace Germany
8. Full Name of Father Nicholas Phaller
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Nov. 16<sup>th</sup> 1877. Amend.
- Address 137 South Walker St.
- Remarks CH



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34749

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *Colored*  
3. Date of Birth *Nov 2 1879*  
4. Place of Birth (Street and Number) *31 Macche St*  
5. Full Name of Mother *Elizabeth Fletcher*  
6. Mother's Maiden Name *Piper*  
7. Mother's Birthplace *Virginia*  
8. Full Name of Father *Carter Fletcher*  
9. Father's Occupation *Waiter*  
10. Father's Birthplace *Virginia*  
Name of Medical Attendant, or other Person who makes this Return. *J. L. Whitson*  
Address *223 Madison St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34750

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

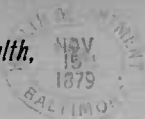
NOV  
17  
1879  
8  
Linn

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 2nd. 1879 3:15 A.M.*
4. Place of Birth (Street and Number) *Charles & Half St*
5. Full Name of Mother *Grace Fisher*
6. Mother's Maiden Name *Grace Petroff*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John E. Fisher*
9. Father's Occupation *Foreman in Export Packing Establishment*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Drinnell M.D.*
- Address *299 E. Baltimore Street,*
- Remarks

# RETURN OF A BIRTH.

34751

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



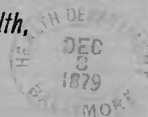
Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_  
Sex (state whether Male or Female) \_\_\_\_\_  
Color (if not of the white race) White  
Birth November 20 1879  
Place of Birth (Street and Number) 434 Canvale St  
Name of Mother Annie Swain  
Maiden Name Purder  
Birthplace Baltimore  
Name of Father James O. Swain  
Occupation Mechanic  
Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Dr. J. McMen  
582 N. Fayette St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34752

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 2nd 1879
4. Place of Birth (Street and Number) 244 1/2 N Howard
5. Full Name of Mother Josephine Kalzenberger Muth
6. Mother's Maiden Name Josephine Kalzenberger
7. Mother's Birthplace Balto
8. Full Name of Father M. Jos Muth
9. Father's Occupation Merchant
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. F. C. Chatard Jr
- Address 114 Park Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34759

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 9th Dec. 1879
4. Place of Birth (Street and Number) 4th St. #130
5. Full Name of Mother Louisa Howard
6. Mother's Maiden Name Truitt
7. Mother's Birthplace Baltimore
8. Full Name of Father William Howard
9. Father's Occupation Driver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Miss R. Miller
- Address 48 Holland St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

347511

DEC  
10  
1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 2nd 1879
4. Place of Birth, (Street and Number) No 409 S. Eutan St
5. Full Name of Mother Rachael Heath
6. Mother's Maiden Name " " Connell
7. Mother's Birthplace Balti
8. Full Name of Father John Henry Heath
9. Father's Occupation Farmer
10. Father's Birthplace Balti
- Name of Medical Attendant, or other Person who makes this Return. Dr. M. A. Richmond
- Address 185 2nd St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 2nd. 1879.
4. Place of Birth (Street and Number) No. 1010 Olive St. near Washington.
5. Full Name of Mother C. Henderson.
6. Mother's Maiden Name C. Larson.
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard Henderson.
9. Father's Occupation on an Overboard.
10. Father's Birthplace Philadelphia.
- Name of Medical Attendant, or other Person who makes this Return, Mrs. M. A. Butt.
- Address No 185 2<sup>nd</sup> E. Cor. Central av. & Monument st.
- Remarks Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>  
Female.

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 12-1879

4. Place of Birth (Street and Number)

19 N. Front St.

5. Full Name of Mother

Mary Ann Beard

6. Mother's Maiden Name

Mary Ann Smith.

7. Mother's Birthplace

Maryland

8. Full Name of Father

Joseph S. Beard.

9. Father's Occupation

Maryland

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. H. Houch M.D.

Address

75 E. Bell St.

Remarks



advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. In or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34757

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 2<sup>d</sup> 1879
4. Place of Birth (Street and Number) 66 Portland
5. Full Name of Mother Westmeyer
6. Mother's Maiden Name Peters
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Westmeyer
9. Father's Occupation Candy Manufacturer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Edw. J. McIlhenny
- Address 279. W. Lombard
- Remarks

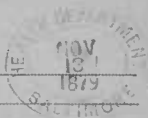
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 2nd 1879*
4. Place of Birth (Street and Number) *#164 P. Chapel St.*
5. Full Name of Mother *Sarah L. K. Harbig*
6. Mother's Maiden Name *Sarah L. Keller*
7. Mother's Birthplace *Balto*
8. Full Name of Father *F. W. Harbig*
9. Father's Occupation *Miller*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E Keim*
- Address *#171 P. Wacker St.*
- Remarks



# RETURN OF A BIRTH.

34759

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Anglo-Saxon

3. Date of Birth Nov: 2<sup>nd</sup> - (3:15 am) 1899

4. Place of Birth (Street and Number) No 29 McCalloch St

5. Full Name of Mother Sophie S. Gray

6. Mother's Maiden Name Sophie S. Piggot

7. Mother's Birthplace Balto: City

8. Full Name of Father Chas. Douglas Gray

9. Father's Occupation Importer & Dealer in China &

10. Father's Birthplace London Co Virginia

Name of Medical Attendant, or other Person who makes this Return. Wm H. Moore MD

Address 87 Franklin St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth November 2  
 4. Place of Birth (Street and Number) Brown St 242  
 5. Full Name of Mother Maaley Jay  
 6. Mother's Maiden Name Maaley Lightman  
 7. Mother's Birthplace Mill Jay  
 8. Full Name of Father Baltimore  
 9. Father's Occupation Labrer  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this return Mary A. Gubb  
 Address 99 Sacramento St  
 Remarks

# RETURN OF A BIRTH.

34761

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*  
 Sex (state whether Male or Female) *Female*  
 Race or Color (if not of the white race)  
 Date of Birth *Nov. 2<sup>d</sup> 1879.*  
 Place of Birth (Street and Number) *195 - Scott St.*  
 Full Name of Mother *May E. Hartlore,*  
 Mother's Maiden Name *" " Lenthicum*  
 Mother's Birthplace *Dorchester Co. Ind.,*  
 Full Name of Father *Mr. H. Hartlore*  
 Father's Occupation *Brick maker*  
 Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this return *R. J. H. Hall, M.D.*  
 Address *152 Sharp St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Nov 2nd 1879*
4. Place of Birth (Street and Number) *29 41 Randolph st*
5. Full Name of Mother *Mathilda Haase*
6. Mother's Maiden Name *Baumgarten*
7. Mother's Birthplace *America*
8. Full Name of Father *Jacob Haase*
9. Father's Occupation *car driver*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *J. Lohmeyer midwife*
- Address *330 Hanover st*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

31763

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 2nd 1879*
4. Place of Birth (Street and Number) *ap 265 Cross st*
5. Full Name of Mother *Marie Bossyons*
6. Mother's Maiden Name *Clairmont*
7. Mother's Birthplace *France*
8. Full Name of Father *Joseph Bossyons*
9. Father's Occupation *born in Belgium*
10. Father's Birthplace *Superintendent of Fire proof*
- Name of Medical Attendant, or other Person who makes this Return. *Schwartz midwife*
- Address *330 Hanover st.*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *wht*
3. Date of Birth *Nov. 2<sup>d</sup> 1879*
4. Place of Birth (Street and Number) *66 Preston St.*
5. Full Name of Mother *Alice Knapp*
6. Mother's Maiden Name *" Galdhail*
7. Mother's Birthplace *md*
8. Full Name of Father *Levi Knapp*
9. Father's Occupation *shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Edmund Donoghue*
- Address *129 N. Biddle St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 34765
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 2, 1889*
4. Place of Birth (Street and Number) *Belian St. No. 222*
5. Full Name of Mother *Barbara Scheppler*
6. Mother's Maiden Name *Barbara Karm*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Christopher Scheppler*
9. Father's Occupation *Uppholsterer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Muller*
- Address *N. Dallas St. No. 26*
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First 1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 2nd 1899*
4. Place of Birth (Street and Number) *No. 441, Hanbury*
5. Full Name of Mother *Sarah E. Decker*
6. Mother's Maiden Name *Suppe*
7. Mother's Birthplace *City*
8. Full Name of Father *Thos E. Decker*
9. Father's Occupation *Shipping Clerk*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Geo D Blair M.D.*
- Address *133 Scott St*
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
3  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether ~~Male~~ or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Nov. 2, 1879*
4. Place of Birth (Street and Number) *S. Durham St No 50*
5. Full Name of Mother *Josephine Wagner*
6. Mother's Maiden Name *Feiber*
7. Mother's Birthplace *Wurtemberg Prussia*
8. Full Name of Father *Philp Wagner*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Frommerbach Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. G. H. Prussack*
- Address *S. W. St. No 14*
- Remarks *Midwife*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

34768

NOV  
1979

**BALTIMORE CITY.**

- 1879
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 2nd*
4. Place of Birth (Street and Number) *Maternity 163 W. Lombard St.*
5. Full Name of Mother *Katie Royman*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Unknown*
9. Father's Occupation *"*
10. Father's Birthplace *"*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. B. B. Buchanan Esq.*
- Address *163 W. Lombard St.*
- Remarks *Mother and child doing well.*

# RETURN OF A BIRTH.

34769

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 2<sup>nd</sup> Nov. 1879.
4. Place of Birth (Street and Number) 76 York st
5. Full Name of Mother Mary Corcoran McHugh
6. Mother's Maiden Name Mary Corcoran
7. Mother's Birthplace Balt. Md
8. Full Name of Father Thomas Mc Hugh
9. Father's Occupation Clerk
10. Father's Birthplace Balt. Md
- Name of Medical Attendant, or other Person who makes this Return. W. W. Webster J. M. D.
- Address 57 Burn
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34771

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV  
11  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 2. November
4. Place of Birth (Street and Number) 22. Camden St.
5. Full Name of Mother Auguste Kubatka Lock
6. Mother's Maiden Name Auguste Kubatka
7. Mother's Birthplace Germany
8. Full Name of Father Charles H. Lock
9. Father's Occupation Maschinist
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Seebach
- Address West Pratt Str. 439.
- Remarks

MISSING

14 34771

# RETURN OF A BIRTH.

34772

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 2<sup>nd</sup> of November
4. Place of Birth (Street and Number) 218 N. Gilmore St
5. Full Name of Mother Anna C. Schwartz
6. Mother's Maiden Name Anna C. Traband
7. Mother's Birthplace Baltimore
8. Full Name of Father Daniel Schwartz
9. Father's Occupation Baker
10. Father's Birthplace Mirtenberg
- Name of Medical Attendant, or other Person who makes this Return. Anne Emma C. Schroter
- Address Anne Emma C. Schroter
- Remarks



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*  
(state whether male or female) *Male*  
Race or Color (if not of the white race) *White*  
Age at Birth *2 of Nov*  
Place of Birth (Street and Number) *No 3 South Calhoun St*  
Full Name of Mother *Jenny Calhoun*  
Mother's Maiden Name *Jenny Stephens*  
Mother's Birthplace *Baltimore*  
Full Name of Father *Albert Calhoun*  
Father's Occupation *Labourer*  
Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Calhoun*  
Address *623 W Pratt St*  
Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *2 November 19*
4. Place of Birth (Street and Number) *Christine <sup>73 St.</sup> Brokman*
5. Full Name of Mother *Lanterbach*
6. Mother's Maiden Name *M. P.*
7. Mother's Birthplace *Fred Brokman*
8. Full Name of Father *Conductor*
9. Father's Occupation *M. P.*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Para Casper*
- Address *2 E. Lombard St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34775

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) \_\_\_\_\_
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth November 3<sup>d</sup> 1879
4. Place of Birth (Street and Number) Baltimore City 78<sup>th</sup> Easter St
5. Full Name of Mother Belle Smith
6. Mother's Maiden Name Belle Banks
7. Mother's Birthplace King George County Va.
8. Full Name of Father Benjamin Smith
9. Father's Occupation Whiskey Store
10. Father's Birthplace Lincoln County Va.
- Name of Medical Attendant, or other Person who makes this Return. Jeffy Hine
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34776

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Nov 3rd 1879*

4. Place of Birth (Street and Number) *205 Light St*

5. Full Name of Mother *Kathryn Melling*

6. Mother's Maiden Name *Stroman*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Henry Melling*

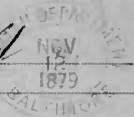
9. Father's Occupation *Restaurant*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *J. Lehighester midwife*

Address *330 Hanover St*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Frank Leroy Templeman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 3<sup>rd</sup> 1879

4. Place of Birth (Street and Number) 208 N. Eutaw St

5. Full Name of Mother Ida Catherine Templeman

6. Mother's Maiden Name Frank

7. Mother's Birthplace Balts. City, Md.

8. Full Name of Father Alexander Edwin Templeman

9. Father's Occupation Wholesale Tobacco Merchant

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return

Address

GIVEN NAME ADDED 3-16-54

Remarks

Louis H. Wright M.D.  
112 N. Greene St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34-778

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth mo 3<sup>5</sup> 77
4. Place of Birth (Street and Number) Lee St #232
5. Full Name of Mother Carolina Wassencamp
6. Mother's Maiden Name Borchers
7. Mother's Birthplace Prussia
8. Full Name of Father Anton Wassencamp
9. Father's Occupation Cabinet maker
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mary Hook
- Address 325 E. Euter St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34779

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 d.*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Novbr. 3 d. 1879*
4. Place of Birth (Street and Number) *Con. Kastlew. Madison St.*
5. Full Name of Mother *Sophie Friedrich*
6. Mother's Maiden Name *Sophie Klinge*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Friedrich*
9. Father's Occupation *Putzger*
10. Father's Birthplace *German*
- Name of Medical Attendant, or other Person who makes this Return. *M. R. Rudiger*
- Address *134 Bond St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311780

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Negro
3. Date of Birth Nov 3th
4. Place of Birth (Street and Number) 103 South Caroline
5. Full Name of Mother Sally Camper
6. Mother's Maiden Name Robinson
7. Mother's Birthplace Baltimore
8. Full Name of Father Benjamin Camper
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Henry A. Henry
- Address 154 East State St
- Remarks Baltimore Md



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34781

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 23, 1897

4. Place of Birth (Street and Number) Baltimore N. 12th Clay

5. Full Name of Mother Bridget Norton

6. Mother's Maiden Name Bridget Keane

7. Mother's Birthplace Ireland

8. Full Name of Father Andrew Norton

9. Father's Occupation Cock man

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. W. Summerfield

Address

Remarks

RECEIVED  
NOV 23 1897

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34789

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 3. 1899
4. Place of Birth (Street and Number) \* 129 Chest St.
5. Full Name of Mother Susan Virginia Whorles
6. Mother's Maiden Name " Colver
7. Mother's Birthplace St. Mary's Co. Md.
8. Full Name of Father John T. Whorles
9. Father's Occupation Salesman
10. Father's Birthplace Batts. Md.
- Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.
- Address \* 305 W. Caroline St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34753

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 3rd 1899
4. Place of Birth (Street and Number) Chapin St 105
5. Full Name of Mother Beatrice North
6. Mother's Maiden Name Baran
7. Mother's Birthplace Bavaria
8. Full Name of Father Fredrick West
9. Father's Occupation Wagoner
10. Father's Birthplace Bavaria
- Name of Medical Attendant, or other Person who makes this Return. Mrs. R. Ulloa
- Address 48 Holland St
- Remarks

That **any** Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

211-7811

DEC  
16  
1979

19  
MOR.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Apr 22a 1877  
 4. Place of Birth, (Street and Number) No 127 S. Race St.  
 5. Full Name of Mother Indian Mrs. Donald  
 6. Mother's Maiden Name Bidison  
 7. Mother's Birthplace Balti City  
 8. Full Name of Father Elexandria Mrs. Donald  
 9. Father's Occupation Teamster  
 10. Father's Birthplace Balti City  
 Name of Medical Attendant, or other Person who makes this Return. Dr. Wright & Pulmon  
 Address 183 S 22. St.  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

314786

NOV 14 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth Novbr. 3 1879  
 4. Place of Birth (Street and Number) 248 Hanford av  
 5. Full Name of Mother Sophia Schuh  
 6. Mother's Maiden Name Sophia Weirauch  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Johan Schuh  
 9. Father's Occupation Baker  
 10. Father's Birthplace Germane  
 Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger  
 Address 1342 Bond Str.  
 Remarks

MIS SING

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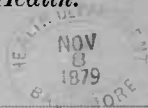
# 34786

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

314787

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *The 3rd of November 1879*

4. Place of Birth (Street and Number) *419 East Pratt Street*

5. Full Name of Mother *Mary Rachelton*

6. Mother's Maiden Name *Mary Rachelton*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Leonard Rachelton*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Respectia Kunkel*

Address *11 North Chappel Street for postmaster*

Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the thirteenth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November the third 1877*
4. Place of Birth (Street and Number) *Chapin bridge St No 57*
5. Full Name of Mother *Elizabeth J Whitbeck*
6. Mother's Maiden Name *Elizabeth Patton*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Whitbeck*
9. Father's Occupation *Labour*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann E Ball*
- Address *No 171 South Chester St*
- Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34789

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

314790

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 3rd 1879

4. Place of Birth (Street and Number) 26 Baker St

5. Full Name of Mother Mary Crager

6. Mother's Maiden Name Mary Annen

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Crager

9. Father's Occupation Plasterer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charles E. Suttler

Address 649 Penna Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Monday November 3rd 1879*
4. Place of Birth (Street and Number) *348 E. Ches Street*
5. Full Name of Mother *Margaretta Strub*
6. Mother's Maiden Name *a Stetterman*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John A. Strub*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Helms M.D.*
- Address *200 E. Pratt Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Girl*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Nov 3 1877 2 O'clock. P.M.*

4. Place of Birth (Street and Number) *No 9 Burgundy Alley*

5. Full Name of Mother

6. Mother's Maiden Name *Fannie Myers*

7. Mother's Birthplace *Balti City*

8. Full Name of Father *Not Known*

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address *71 Burgundy Alley*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34713  
DEPT. OF HEALTH  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6th child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 3rd November
4. Place of Birth (Street and Number) 1327 Market Street
5. Full Name of Mother Henrietta Gross
6. Mother's Maiden Name Henrietta Gross
7. Mother's Birthplace Calverton
8. Full Name of Father John Gross
9. Father's Occupation Miller
10. Father's Birthplace Calverton
- Name of Medical Attendant, or other Person who makes this Return. Milly Gross
- Address 181 Market Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup> child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 3<sup>d</sup> 1874*
4. Place of Birth (Street and Number) *No 361 Spruce st*
5. Full Name of Mother *Catharine Schieler*
6. Mother's Maiden Name *Burger*
7. Mother's Birthplace *America*
8. Full Name of Father *Louis Schieler*
9. Father's Occupation *Cigar maker*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *Johanna S. midwife*
- Address *330 Leander st.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Mar 3<sup>rd</sup> 1889*
4. Place of Birth (Street and Number) *at 242 Bathurst ave.*
5. Full Name of Mother *Elizabeth Kippel*
6. Mother's Maiden Name *Haich*
7. Mother's Birthplace *America*
8. Full Name of Father *Leonhardt Kippel*
9. Father's Occupation *Storekeeper*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwabert midwife*
- Address *330 Hanover st.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34796



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Nov the 3th 1879*
4. Place of Birth (Street and Number) *now*
5. Full Name of Mother *Matilda Stepney*
6. Mother's Maiden Name *Watson*
7. Mother's Birthplace *Washington D C*
8. Full Name of Father *James Stepney*
9. Father's Occupation *oyst. Schanker*
10. Father's Birthplace *atrunelle County*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*franklin anderson*



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth the 3 November 1879

4. Place of Birth (Street and Number) 127 Howard Street

5. Full Name of Mother Mrs. George Clark

6. Mother's Maiden Name Mary

7. Mother's Birthplace Mary County

8. Full Name of Father —

9. Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Dr. R. H. H. H.

Address Water 70 Street

Remarks Stillborn

closing with

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

34798  
6th  
Male  
White  
Nov 3rd 79  
91 S. Fremont  
Elin Zies  
Elin Schatz  
Germany  
Charles Zies  
Mechanic  
Germany  
J. G. Wabbe M.D.  
203 W. Lombard St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*
1. Sex (state whether male or female) *boy*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov 3<sup>rd</sup> 1879 9 o'clock am*
4. Place of Birth (Street and Number) *63 Burgundy Alley*
5. Full Name of Mother *Jane Allen*
6. Mother's Maiden Name
7. Mother's Birthplace *Dorchester Co. Maryland*
8. Full Name of Father *Charles Allen*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Porterstown New York*
- Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*
- Address *71 Burgundy Alley*
- Remarks *The baby was very ill at the time of it birth*

MISSING

#34800

MISSING

# 34801

# RETURN OF A BIRTH.

34502  
over

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: William Merrill Mershaw

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Mar 3, 79

4. Place of Birth (Street and Number)

7 Parkin

5. Full Name of Mother

Addie Mershaw

6. Mother's Maiden Name

Merrill

7. Mother's Birthplace

Balto Md

8. Full Name of Father

Meril Mershaw

9. Father's Occupation

Engineer

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this return

R. M. Eastman

Address

349 Lee

Remarks

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

# RETURN OF A BIRTH.

311-801

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth 1<sup>st</sup>

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov 8<sup>th</sup>

4. Place of Birth (Street and Number)

120

# 35 Hollis

5. Full Name of Mother

Elizabeth

Adm

6. Mother's Maiden Name

Kaufman

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry

Robt

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. B. Wright M.D.

Address

7 1/2 St. N.

Remarks



# RETURN OF A BIRTH.

34502  
over

To the Office of Registrar of Vital Statistics, Board of Health,

## BALTIMORE CITY

Name: William Merrill Neushaw

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/4

1. Sex (state whether Male or Female) male
  2. Race or Color (if not of the white race) white
  3. Date of Birth May 3, 1891
  4. Place of Birth (Street and Number) 7 Parkin
  5. Full Name of Mother Addie Neushaw
  6. Mother's Maiden Name Mabel
  7. Mother's Birthplace Balto Md
  8. Full Name of Father Merrill Neushaw
  9. Father's Occupation Engineer
  10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this return R. Westman
- Address 349 Lee
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Nov 3-1879
4. Place of Birth (Street and Number) 172 Pierce St
5. Full Name of Mother Lizzie Lohmann
6. Mother's Maiden Name Lizzie Lohr
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father Henry Lohman
9. Father's Occupation Barber
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. C. C. McDowell M.D.
- Address 642 W. Fayette St
- Remarks (Both parents of German descent)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

344804  
HEALTH DEPT. NEW  
NOV  
11  
1879  
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

American

3. Date of Birth

Nov. 3<sup>rd</sup> 79

4. Place of Birth (Street and Number)

105 Wisconsin St.

5. Full Name of Mother

Mary Ellen Rutledge

6. Mother's Maiden Name

John

7. Mother's Birthplace

City

8. Full Name of Father

Edwin Apple Rutledge

9. Father's Occupation

Physician

10. Father's Birthplace

Starford Co.

Name of Medical Attendant, or other Person who makes this Return.

Malveta Ordway, M.D.

Address

190 Wisconsin St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Nov 3rd 1872*  
 4. Place of Birth (Street and Number) *18 S. Fremont St*  
 5. Full Name of Mother *Annie M. Hamilton*  
 6. Mother's Maiden Name *Annie M. Fuller*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *William Hamilton*  
 9. Father's Occupation *Book Keeper*  
 10. Father's Birthplace *Philadelphia Pa*  
 Name of Medical Attendant, or other Person who makes this Return.  
 Address *Ann Lunder 60 Schroder St*  
 Remarks

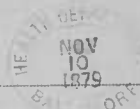
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *November 3<sup>rd</sup> 1879*
4. Place of Birth (Street and Number) *31 Fell St*
5. Full Name of Mother *Eliza King*
6. Mother's Maiden Name *Eliza Wilkinson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John King*
9. Father's Occupation *Seamster*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Buck St*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34567

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV  
10  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *3 November 1879*
4. Place of Birth (Street and Number) *411 gauch st*
5. Full Name of Mother *Mary Hudson*
6. Mother's Maiden Name *Mary Sheple*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Hudson*
9. Father's Occupation *engineer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Mary Garrett*
- Address *65 Burk st*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 3 November 79
4. Place of Birth (Street and Number) 7 Lloyd St
5. Full Name of Mother Mattie Malony
6. Mother's Maiden Name Lynn
7. Mother's Birthplace N P
8. Full Name of Father Kimison Malony
9. Father's Occupation Printer
10. Father's Birthplace N P
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

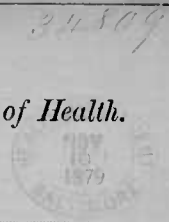
*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 3 November 79
4. Place of Birth (Street and Number) 228 Lombard St
5. Full Name of Mother Marie Dellan
6. Mother's Maiden Name Mc Donal
7. Mother's Birthplace N. Y.
8. Full Name of Father P. H. Dellan
9. Father's Occupation Workingman
10. Father's Birthplace N. Y.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casper
- Address 228 Lombard St
- Remarks \_\_\_\_\_





*Birth Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

348/0  
RECEIVED  
DEC 23 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth November 3. 1879
4. Place of Birth (Street and Number) 335 Hoffman St.
5. Full Name of Mother Gertrude Wischert
6. Mother's Maiden Name Horn
7. Mother's Birthplace Baltimore City
8. Full Name of Father Henry Wischert
9. Father's Occupation Shoemaker
10. Father's Birthplace Balt City
- Name of Medical Attendant, or other Person who makes this Return. Martinez Brewer M.D.
- Address 68 McCulloch St.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 10-2-80 34311  
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Mary E. Mc Elroy
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 2nd '79
4. Place of Birth (Street and Number) 155 N Fremont St.
5. Full Name of Mother Eliza Mc Elroy
6. Mother's Maiden Name Eliza Robinson
7. Mother's Birthplace Md
8. Full Name of Father William Mc Elroy
9. Father's Occupation Sugar Manufacturer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. J. H. Mc Elroy
- Address 87 N. Greene St.
- Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34812

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *November 4<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *153 N. Eutar St,*
5. Full Name of Mother *Mollie Weinberg*
6. Mother's Maiden Name *Birkenwald*
7. Mother's Birthplace *Balto. City, Md.*
8. Full Name of Father *Isaac Weinberg*
9. Father's Occupation *Merchant (Dry Goods)*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Louis Dr. Knight M D*
- Address *112 N. Greene St.*
- Remarks



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34173

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

Second -  
Female.  
White.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

November 4<sup>th</sup> 1879.

4. Place of Birth (Street and Number)

No. 167 N. Arlington Ave

5. Full Name of Mother

Georgie S. Vail.

6. Mother's Maiden Name

Hallaveen

7. Mother's Birthplace

Maryland

8. Full Name of Father

James H. Vail

9. Father's Occupation

Merchant.

10. Father's Birthplace

New Jersey

Name of Medical Attendant, or other Person who makes this Return.

Samuel J. Knight M.D.

Address

112 N. Greene St.

Remarks

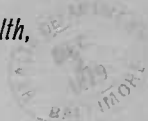
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

34511



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 4 79

4. Place of Birth (Street and Number) 214 1/2 Spruce St

5. Full Name of Mother Kate Fultz

6. Mother's Maiden Name Kate Fullmer

7. Mother's Birthplace Germany

8. Full Name of Father Henry Fultz

9. Father's Occupation Painter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. G. Workable, M.D.

Address 203 W. Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311815

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 4<sup>th</sup> 1879

4. Place of Birth (Street and Number) 33 Hamilton St

5. Full Name of Mother Minnie McCoy

6. Mother's Maiden Name " Jenkins

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles G. McCoy

9. Father's Occupation

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr. Williams

Address 201 Madison Ave

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34-816

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

24th November 1879

4. Place of Birth (Street and Number)

82 Hill

5. Full Name of Mother

Mary Jones

6. Mother's Maiden Name

" Simmons

7. Mother's Birthplace

Ind

8. Full Name of Father

Jeremiah Jones

9. Father's Occupation

mate of Steamer

10. Father's Birthplace

Ind

Name of Medical Attendant, or other Person who makes this Return.

H. M. Mcintosh M D

Address

54 Burnett

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 4<sup>th</sup>
4. Place of Birth (Street and Number) No 241 Ann Street
5. Full Name of Mother Mrs Jane Neilson
6. Mother's Maiden Name Jane Hardin
7. Mother's Birthplace Balto City
8. Full Name of Father Chas Neilson
9. Father's Occupation Car Maker
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Mrs 12th
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore.

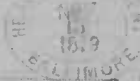
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34-815

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 4<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *117 E. Madison St.*
5. Full Name of Mother *Emma Horn*
6. Mother's Maiden Name *Carry*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *Geo. S. Horn*
9. Father's Occupation *Lithographer*
10. Father's Birthplace *Baltimore County.*
- Name of Medical Attendant, or other Person who makes this Return. *W. E. Mosley M.D.*
- Address *24 P. N. Eutaw St.*
- Remarks



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34819

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *Nov. 4<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *10. 178 E. Pratt St.*  
 5. Full Name of Mother *Fredricka Pfifer*  
 6. Mother's Maiden Name *do Zummehl*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Lewis Pfifer*  
 9. Father's Occupation *cigar maker*  
 10. Father's Birthplace *Balto. city*  
 Name of Medical Attendant, or other Person who makes this Return. *D. R. W. Mansfield*  
 Address *117 S. Broadway*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34520



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *Black*

3. Date of Birth *4 of november*

4. Place of Birth (Street and Number) *69 Jenkins*

5. Full Name of Mother *Adda May Brown*

6. Mother's Maiden Name

7. Mother's Birthplace *St Marys Co*

8. Full Name of Father *Benjamin Dutton*

9. Father's Occupation *Walter*

10. Father's Birthplace *Baltimore Co*

Name of Medical Attendant, or other Person who makes this Return. *Ann Brown*

Address *No 69 Jenkins city*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Nov 4

4. Place of Birth (Street and Number) 36 Hillman St

5. Full Name of Mother Ellen Burke

6. Mother's Maiden Name Fallon

7. Mother's Birthplace Ireland

8. Full Name of Father Thomas Burke

9. Father's Occupation Bricklayer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. J. Christine

Address No 7 Forest Place

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Nov. 8 1879.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
- Sex (state whether male or female) female.
- Race or Color (if not of the white race) White
- Date of Birth Nov. 4 1879.
- Place of Birth (Street and Number) 246 Eastern Ave
- Full Name of Mother Catherine Goodrich
- Mother's Maiden Name Catherine Keiman
- Mother's Birthplace America
- Full Name of Father Henry Goodrich.
- Father's Occupation Grocer
- Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.
- Address 137 South Wolfe St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34823

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)
1. Sex (~~state whether Male or Female~~)
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *Nov 4th 1879*
4. Place of Birth (Street and Number) *5 Carlton St.*
5. Full Name of Mother *Ann M. Williams*
6. Mother's Maiden Name *" " Mason*
7. Mother's Birthplace *Ind*
8. Full Name of Father *Margellus W. M. Williams*
9. Father's Occupation *Labour*
10. Father's Birthplace *Ind*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *111 Waverly Avenue*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

345911

MDV

1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 11th child*
- Sex (state whether male or female) *Female*
- Race or Color (if not of the white race) *Color*
- Date of Birth *The 4th November*
- Place of Birth (Street and Number) *175 Howard Street*
- Full Name of Mother *Murtilly Chase*
- Mother's Maiden Name *Murtilly West*
- Mother's Birthplace *Baltimore, Md.*
- Full Name of Father *Sam Chase*
- Father's Occupation *undertaker*
- Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Duffy J. G. Esq.*
- Address *151 York Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. & 2. Child (twins)*
1. Sex (state whether male or female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 4th. 1879*
4. Place of Birth (Street and Number) *S. Ann St. No. 28.*
5. Full Name of Mother *Annie E. Beck.*
6. Mother's Maiden Name *Annie E. Post.*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Samuel Beck*
9. Father's Occupation *Cabinet maker*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Muller*
- Address *N. Dallas St. No. 26.*
- Remarks *dead born*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

34027  
H 307  
1877  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
- Sex (state whether male or female) Female
- Race or Color (if not of the white race) White
- Date of Birth 14 Nov. 1877
- Place of Birth (Street and Number) No 37 Leander St
- Full Name of Mother John... Henry
- Mother's Maiden Name Henry
- Mother's Birthplace Baltimore
- Full Name of Father John...
- Father's Occupation ...
- Father's Birthplace ...
- Name of Medical Attendant, or other Person who makes this Return. Dr. P. ...
- Address W. ...
- Remarks 70 Thos ...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34828

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 4<sup>th</sup>

4. Place of Birth (Street and Number) E. Baltimore near Washington St

5. Full Name of Mother Mary Frank

6. Mother's Maiden Name Mary Whitfield

7. Mother's Birthplace City

8. Full Name of Father Abraham Frank

9. Father's Occupation Merchant

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. A. B. Arnold M.D.

Address 7 S. Light St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Eighth*

1. Sex (state whether Male or Female)

*Male*

2. Race or Color (if not of the white race)

3. Date of Birth

*November 4 - 1879*

4. Place of Birth (Street and Number)

*33 S. Monroe St*

5. Full Name of Mother

*Amanda Eggar*

6. Mother's Maiden Name

*Amanda Reed*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*William Henry Eggar*

9. Father's Occupation

*Cigar Maker*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*C. C. McDowell M.D.*

Address

*642 W. Fayette St*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

311530

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth November 4<sup>th</sup> 1879

4. Place of Birth, (Street and Number) No 94 Hamstead St

5. Full Name of Mother Mrs Rose Goldsmith

6. Mother's Maiden Name " " Gutzman

7. Mother's Birthplace Germany

8. Full Name of Father Jacob Goldsmith

9. Father's Occupation Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Gelzke

Address No 55 Bond St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV  
10  
1879

ONE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 4 1879
4. Place of Birth (Street and Number) 129 Spring St
5. Full Name of Mother Margaret Hubert
6. Mother's Maiden Name Margaret Lintz
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Leary Hubert
9. Father's Occupation Iron Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Miss E. Day
- Address 193 Chester St
- Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34532

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

NOV  
10  
1879

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Nov 4<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) Nov 209 South Eataw St  
 5. Full Name of Mother Mrs Mary E. Griffin  
 6. Mother's Maiden Name Mary E White  
 7. Mother's Birthplace Baltimore City  
 8. Full Name of Father Lewis Griffin  
 9. Father's Occupation Brickman. A B.  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. A A White M D.  
 Address 125 Carrollton Av.  
 Remarks At full time, healthy & well formed

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 4<sup>th</sup>
4. Place of Birth (Street and Number) 137 N. Bond St
5. Full Name of Mother May Brady
6. Mother's Maiden Name Ashtown
7. Mother's Birthplace Baltimore
8. Full Name of Father John Brady
9. Father's Occupation Painter
10. Father's Birthplace Bal to. City
- Name of Medical Attendant, or other Person who makes this Return. E. Jordan M.D.
- Address 220 E. Monument St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov. 5<sup>th</sup> 179.*

4. Place of Birth (Street and Number) *N. W. cor. Euter & Lombard sts.*

5. Full Name of Mother *Mary Jellks*

6. Mother's Maiden Name *Mary Serner*

7. Mother's Birthplace *Balt. City*

8. Full Name of Father *Cincinnati Jellks*

9. Father's Occupation *Printer*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *John F. Mosmann M.D.*

Address *S. W. cor Calvert & Read sts.*

Remarks

3118311





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 5th 1919

4. Place of Birth (Street and Number) No 23 Law St

5. Full Name of Mother Phemia Passane

6. Mother's Maiden Name Phemia Pudgo

7. Mother's Birthplace Italy

8. Full Name of Father St. Passane

9. Father's Occupation Fruit Dealer

10. Father's Birthplace Italy

Name of Medical Attendant, or other Person who makes this Return. Wm. J. H. H. H. H.

Address No 151 E. Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34536

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

November 5<sup>th</sup> 1879

4. Place of Birth (Street and Number)

113 S Register

5. Full Name of Mother

Catherin Fritzkus

6. Mother's Maiden Name

"

St. Marius

7. Mother's Birthplace

Germany

8. Full Name of Father

Friedrich Fritzkus

9. Father's Occupation

Deceased

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bety

Address

245 Carroll Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34537

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

November 5<sup>th</sup> 1879

4. Place of Birth (Street and Number)

219 Eastern Ave

5. Full Name of Mother

Mina Daninger

6. Mother's Maiden Name

Krueger

7. Mother's Birthplace

Germany

8. Full Name of Father

Fred Daninger

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34538



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *geboren am 5 ten November*
4. Place of Birth (Street and Number) *15208 Belfer Str.*
5. Full Name of Mother *Louise Schöckkopf*
6. Mother's Maiden Name *Louise Müller*
7. Mother's Birthplace *Deutschland*
8. Full Name of Father *Johann Schöckkopf*
9. Father's Occupation *Handarbeiter*
10. Father's Birthplace *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Pfannkuchen*
- Address *N<sup>o</sup> 197 E. Toller Str*
- Remarks *Heim*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV.  
15  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Nov. 5<sup>th</sup>
4. Place of Birth (Street and Number) No. 557 N. Pratt St
5. Full Name of Mother Mary Strumsky.
6. Mother's Maiden Name Karcker
7. Mother's Birthplace Baltimore.
8. Full Name of Father Louis Strumsky.
9. Father's Occupation Shoemaker.
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Miss A. Simon.
- Address No 45 Howard St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

3118140

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

NOV  
3  
1879

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 5th 1879*
4. Place of Birth (Street and Number) *44 E. Biddle St*
5. Full Name of Mother *Annie R. Romans*
6. Mother's Maiden Name *Bentley*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Eurman R. Romans*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *New-York.*
- Name of Medical Attendant, or other Person who makes this Return. *J. Patton White, M.D.*
- Address *30 N. Gilman St*
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) -
3. Date of Birth November 5<sup>th</sup> 79
4. Place of Birth (Street and Number) 41 S. Leary St
5. Full Name of Mother May O'Connor
6. Mother's Maiden Name -
7. Mother's Birthplace Ireland
8. Full Name of Father John O'Connor
9. Father's Occupation Moulder
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. John Hoff M.D.

Address 557 W. Biddle St.

Remarks

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34842

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC  
11  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth November 5-
4. Place of Birth (Street and Number) 543 W. Baltimore St.
5. Full Name of Mother Barbara Schlatter
6. Mother's Maiden Name Dallhoff
7. Mother's Birthplace Catonville Baltimore County
8. Full Name of Father Gustav Schlatter
9. Father's Occupation Merchant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return, \_\_\_\_\_
- Address Mrs. Anna Dumber & Schroder
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

3118113

NOV  
13  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
- Sex (state whether male or female) *Boy*
- Race or Color (if not of the white race) *White*
- Date of Birth *Nov 5th 1879*
- Place of Birth (Street and Number) *#325 Eastern ave*
- Full Name of Mother *Josephine Koch Henning*
- Mother's Maiden Name *Josephine Koch*
- Mother's Birthplace *Germany*
- Full Name of Father *H. Henning*
- Father's Occupation *Turner*
- Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Linn*
- Address *#171 S Washington St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *November 5th, 1879*  
 4. Place of Birth (Street and Number) *No. 299 North Broadway*  
 5. Full Name of Mother *Mrs. Amelia Keene Gillespie*  
 6. Mother's Maiden Name *Miss A. K. Varnum*  
 7. Mother's Birthplace *Baltimore Md.*  
 8. Full Name of Father *Mr. James Milligan Gillespie*  
 9. Father's Occupation *Drummer*  
 10. Father's Birthplace *England*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. H. C. Linder M.D.*  
 Address *No. 102 N. Broadway*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *Ballard*  
3. Date of Birth *May 5 1879*  
4. Place of Birth (Street and Number) *7 E. Ave. No. 15*  
5. Full Name of Mother *Emmatine Thompson*  
6. Mother's Maiden Name *Emmalene Brown*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *John Thompson*  
9. Father's Occupation *Teacher*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Wm. E. Day*  
Address *193 Chestnut St*  
Remarks *Healthy*

NOV  
10  
1879

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Celard
3. Date of Birth Born Nov 5th
4. Place of Birth, (Street and Number) Baltimore No 48 Sayre St
5. Full Name of Mother Lavin Murray
6. Mother's Maiden Name Wences
7. Mother's Birthplace Gothurst County
8. Full Name of Father William Murray
9. Father's Occupation Salor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Ameline Williams
- Address 399 Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 10, 1901
4. Place of Birth (Street and Number) 1111 N. Howard St.
5. Full Name of Mother Marie Carroll
6. Mother's Maiden Name Carroll
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Carroll
9. Father's Occupation Engineer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Chas. J. Thompson
- Address 589 East Baltimore St.
- Remarks Young child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *5<sup>th</sup>*
1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth *Novemb. 3<sup>d</sup> 1879*
4. Place of Birth (Street and Number) *22 W. Fayette St.*
5. Full Name of Mother *Clara Suggan Heimerl,*
6. Mother's Maiden Name *Clara W. Schick*
7. Mother's Birthplace *Richmond Va.*
8. Full Name of Father *Isaac Suggan Heimerl,*
9. Father's Occupation *Master Painter*
10. Father's Birthplace *Prussia, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *John J. Rogers M.D.*
- Address *Baltimore City*
- Remarks

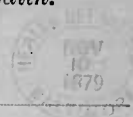
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

345119



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 458 5 of November 1879

4. Place of Birth (Street and Number) Canton Av

5. Full Name of Mother Annie Walder

6. Mother's Maiden Name Annie White

7. Mother's Birthplace Baltimore

8. Full Name of Father Rufus Walder

9. Father's Occupation Bridges

10. Father's Birthplace Deal Island

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address 12 Patterson Park Av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 287 Farrest St

4. Place of Birth (Street and Number) Nov 5'

5. Full Name of Mother Rebecca Brown

6. Mother's Maiden Name Hayzman

7. Mother's Birthplace Baltim

8. Full Name of Father Richard Brown

9. Father's Occupation Police Officer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. J. J. Brown

Address No 7 Farrest Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 5<sup>th</sup> 1879
4. Place of Birth (Street and Number) East Ave. No. 121
5. Full Name of Mother Elizabeth Keith
6. Mother's Maiden Name Elizabeth Winton
7. Mother's Birthplace Balt. Co. Md
8. Full Name of Father Oliver Washfield Keith
9. Father's Occupation Freight Conductor B. & O. R.R.
10. Father's Birthplace Howard Co. Md
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Winton
- Address East Ave. No. 121
- Remarks

311851



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex (state whether male or ~~female~~)
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *November the 5, 1879.*
  4. Place of Birth (Street and Number) *McElroy St. Cor. of Madeira Aly. no number*
  5. Full Name of Mother *Margaretha Bien*
  6. Mother's Maiden Name *Margaretha Ott.*
  7. Mother's Birthplace *Heilbrg. W. Baiern. Germany*
  8. Full Name of Father *John Bien*
  9. Father's Occupation *Buchher*
  10. Father's Birthplace *Liiblos. W. Preussen, Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*
- Address *N. Dallas St. N<sup>o</sup> 26.*
- Remarks *Dead born*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

341553



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>d</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

November the 6<sup>th</sup> 1879

4. Place of Birth, (Street and Number)

47 Albemarle St

5. Full Name of Mother

Barbara Earl

6. Mother's Maiden Name

" " Kraft

7. Mother's Birthplace

Germany

8. Full Name of Father

Heinrich Earl

9. Father's Occupation

Store Keeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Louise Kraft

Address

236 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311.854

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
- Sex (state whether male or female) Male
- Race or Color (if not of the white race) Colored
- Date of Birth the 6<sup>th</sup> of Nov 1879
- Place of Birth (Street and Number) No 389<sup>1/2</sup> Sullivan St
- Full Name of Mother James Hallam Ward
- Mother's Maiden Name J. Wick
- Mother's Birthplace Uniontown
- Full Name of Father Charles Hallam Ward
- Father's Occupation Laborer
- Father's Birthplace Baltimore City Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Brown
- Address No 70 Cherry St
- Remarks Mother not child Spring Will

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311855

NOV  
17  
1879

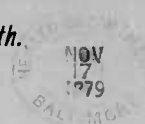
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Nov 6  
 4. Place of Birth (Street and Number) 55 E. Madison alley  
 5. Full Name of Mother Elizabeth Rodenberg  
 6. Mother's Maiden Name Elizabeth Rodenberg  
 7. Mother's Birthplace Prussia  
 8. Full Name of Father Joseph Rodenberg  
 9. Father's Occupation Teacher  
 10. Father's Birthplace Prussia  
 Name of Medical Attendant, or other Person who makes this Return. Mary O'Brien  
 Address 111 N. 1st St  
 Remarks Good birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report in the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

311886



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Nov 6.*
4. Place of Birth (Street and Number) *67 S. Madrya Alley.*
5. Full Name of Mother *Hager Shech.*
6. Mother's Maiden Name *Mary J. Crow.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Edward Shech.*
9. Father's Occupation *laborer*
10. Father's Birthplace *Prussia.*
- Name of Medical Attendant, or other Person who makes this Return. *Harry Dietrich*
- Address *57 S. Madrya Alley.*
- Remarks *Good health.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34857



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 6th Nov. 1879
4. Place of Birth (Street and Number) 1024 Banne
5. Full Name of Mother Rosa Beale
6. Mother's Maiden Name " " Zucker
7. Mother's Birthplace Ind
8. Full Name of Father Wm J. S. Beale
9. Father's Occupation Store keeper
10. Father's Birthplace Ind
- Name of Medical Attendant, or other Person who makes this Return. J. W. Webster
- Address 57 Banne
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311858

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) Caucasian  
 3. Date of Birth November 6th 1877.  
 4. Place of Birth (Street and Number) No 5 Harrison St.  
 5. Full Name of Mother Caroline McKay  
 6. Mother's Maiden Name Healy  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Robert McKay  
 9. Father's Occupation Carter School Teacher  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Batt.  
 Address No 185 N. E. cor. Central and Monument St.  
 Remarks Well



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov. 6. 1879

4. Place of Birth, (Street and Number)

Monument Court 7

5. Full Name of Mother

Regina Fischer

6. Mother's Maiden Name

Lang

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Johann Fischer

9. Father's Occupation

Lehrer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Johann Baupach

Address

E. Gay Str 11014

Remarks

Wm. J. W. W.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311860

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 6<sup>th</sup> 1879

4. Place of Birth (Street and Number)

239 N. Carrollton St

5. Full Name of Mother

Ella Pleasant

6. Mother's Maiden Name

Ella Harper

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Black

9. Father's Occupation

Black

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

C. W. Williamson

Address

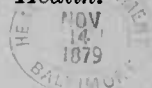
121 W. Union St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 6<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *1812 E. St*
5. Full Name of Mother *Martha J. Griffin*
6. Mother's Maiden Name *Martha J. Martin*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Chas P Griffin*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore, Md*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M D*
- Address *146 N. Howard St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
18  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*correct*  
*near the 6th*  
*no 227*  
*Attkin St*  
*Sarah Bathour*  
*Sarah*  
*Reed*  
*Eastern Shore D.C.*  
*Isabel Bathour*  
*A laborer*  
*Halbert & Co*

*Francis Anderson*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

over 311563  
 Name: Ella Louise Rice  
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race)  
 3. Date of Birth Sept 6th 1879  
 4. Place of Birth (Street and Number) 161 James Alley  
 5. Full Name of Mother Mary Maria Rice  
 6. Mother's Maiden Name Scraft  
 7. Mother's Birthplace America  
 8. Full Name of Father John Maria Rice  
 9. Father's Occupation laborer  
 10. Father's Birthplace America  
 Name of Medical Attendant, or other Person who makes this Return J. Schryasser midwife  
 Address 330 Hanover st.  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

# RETURN OF A BIRTH.

34864

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 6<sup>th</sup> 79

4. Place of Birth (Street and Number)

No. 7. Summerfield St

5. Full Name of Mother

Minnie Army

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Balt. Co. Md.

8. Full Name of Father

Sam. Musnier

9. Father's Occupation

Engraver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

E. C. Jordan M.D.

Address

220. E. Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

NOV  
8  
1879

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First 1<sup>st</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 6<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *E. Monument 293*
5. Full Name of Mother *Mary L. Reynolds*
6. Mother's Maiden Name *Mary L. Gardner*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Francis H. Reynolds*
9. Father's Occupation *Clergyman*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*E. C. Baldwin*

Address *124 N. Euter St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *N<sup>o</sup> 10*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 6*
4. Place of Birth (Street and Number) *N<sup>o</sup> 524 Broadway*
5. Full Name of Mother *Margaret A. O'Leary*
6. Mother's Maiden Name *Margaret A. O'Leary*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *Robert A. O'Leary*
9. Father's Occupation *Roof maker*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *M<sup>rs</sup> Jane C. Bayless*
- Address *Corner of 1st & 2nd St. front lane*
- Remarks



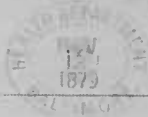
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34867

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
 Male  
 Dec. 7th 1879  
 Room of Home Mission, Eastern Ave.  
 Rose Anna Spence  
 Rose Anna Stahl  
 Germany  
 James M. Spence  
 Potter  
 Maryland  
 G. L. Spence M.D.  
 J. S. Burdick

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November the 8<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *N. Bond St. No. 104*

5. Full Name of Mother *Maroline Schweigert*

6. Mother's Maiden Name *Maroline Scheerer*

7. Mother's Birthplace *Hünigsberg, Gr. Hesse, Germany*

8. Full Name of Father *Joseph Schweigert*

9. Father's Occupation *Taylor*

10. Father's Birthplace *Heilbrunn, Gr. Baden, Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Müller*

Address *N. Dallas St. No. 26*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November 21, 1879.*

4. Place of Birth (Street and Number) *N. Caroline St. No. 24.*

5. Full Name of Mother *Louise Platt*

6. Mother's Maiden Name *Louise Vom Hof.*

7. Mother's Birthplace *Wiedenhopf Gr. Hessen. Germany*

8. Full Name of Father *Louis Platt*

9. Father's Occupation *Moulder*

10. Father's Birthplace *Wiedenhopf Gr. Hessen. Germany*

Name of Medical Attendant, or other Person who makes this return. *May E. Miller*

Address. *N. Dallas St. No. 26.*

Remarks

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 1<sup>st</sup> 1879*
4. Place of Birth (Street and Number) *Georgetown on number*
5. Full Name of Mother *Barbara Signe*
6. Mother's Maiden Name *Barbara Stick*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Facel Signe*
9. Father's Occupation *Librarian*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Spence Kellogg*
- Address *1526 Monument St*
- Remarks

# RETURN OF A BIRTH.

311871

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

November 7th 1879

4. Place of Birth (Street and Number)

153 Elliott St

5. Full Name of Mother

Catherine Freund

6. Mother's Maiden Name

" Logg's

7. Mother's Birthplace

Phillips Freund

City

8. Full Name of Father

Laborer

9. Father's Occupation

City

10. Father's Birthplace

Mrs Elizabeth Betz  
243 Canton Ave

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

34572  
NOV 19 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept. 2 1879
4. Place of Birth (Street and Number) Harford st. Calverton
5. Full Name of Mother Maria Bast Lauterbach
6. Mother's Maiden Name Maria Bast
7. Mother's Birthplace Baltimore
8. Full Name of Father Eduard Lauterbach
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore Co.
- Name of Medical Attendant, or other Person who makes this Return, M. R. Rudiger
- Address 134 s. Bond st.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

34873  
BALTIMORE  
19

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *geboren 7<sup>ten</sup> November*
4. Place of Birth (Street and Number) *N<sup>o</sup> 268 S. Dallas Str*
5. Full Name of Mother *Tilli Glöess*
6. Mother's Maiden Name *Tilli Schütz*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wilhelm Glöess*
9. Father's Occupation *Brennmeister*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Braßmann*
- Address *N<sup>o</sup> 194 S. Dallas Str*
- Remarks *Heimlich*

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

3118711  
HEALTH DEPARTMENT  
15  
1879  
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 5 child*  
1. Sex (state whether male or female) *Female child*  
2. Race or Color (if not of the white race) *Color child*  
3. Date of Birth *The 7 of November*  
4. Place of Birth (Street and Number) *98 McComa*  
5. Full Name of Mother *Mary Hall*  
6. Mother's Maiden Name *Mary Ann*  
7. Mother's Birthplace *Baltimore M.D.*  
8. Full Name of Father *Garret Hall*  
9. Father's Occupation *Steel Stevedore*  
10. Father's Birthplace *Ham-bay*  
Name of Medical Attendant, or other Person who makes this Return. *Willis Brown*  
Address *181 Garke street*  
Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 14 1879  
BAL. MO.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 7th 1879

4. Place of Birth (Street and Number)

Mattison 611 Lombard st

5. Full Name of Mother

Lizzie Brown

6. Mother's Maiden Name

W.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

W. Brown

9. Father's Occupation

1

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

H. Brown, Surgeon

Address

611 Lombard st, city

Remarks

Mother and child are doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34877

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 9 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 7 1879

4. Place of Birth (Street and Number)

# 95 Hamburg St.

5. Full Name of Mother

Rose Eckhardt

6. Mother's Maiden Name

Grill

7. Mother's Birthplace

Kunhirschen

8. Full Name of Father

Henry L. Eckhardt

9. Father's Occupation

Machinist

10. Father's Birthplace

Hessendammstadt, Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mary Koch

Address

328 S. Eather St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34878

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC  
1  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 d.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

November 7<sup>th</sup> 1879.

4. Place of Birth (Street and Number)

Batter Dr N<sup>o</sup> 88.

5. Full Name of Mother

Lena Gehlinger

6. Mother's Maiden Name

Lena Ulrichs

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John W. Gehlinger

9. Father's Occupation

Street

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dorothea Bruere

Address

N<sup>o</sup> 114 Batter Dr

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34879

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 7th 1877
4. Place of Birth (Street and Number) No 5 Cook St
5. Full Name of Mother Mary Holmes
6. Mother's Maiden Name Mary Snyder
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George Holmes
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Heringford
- Address 161 Penna av
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

November 7th

4. Place of Birth (Street and Number)

Greenleaf 1183 a Durham St

5. Full Name of Mother

Lara Bennett

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

frances anderson

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34881

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 7, 1879

4. Place of Birth (Street and Number) No. 394 N. Charles St.

5. Full Name of Mother Augusta Deminor

6. Mother's Maiden Name Augusta Peirce

7. Mother's Birthplace Balto. C.

8. Full Name of Father Jos. M. Deminor

9. Father's Occupation Reverier

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Christopher Johnston M.D.

Address No. 82 Franklin St.

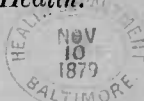
Remarks First position of Head - Successful pain  
Forceps successfully applied - Both living.  
Mother & child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th of 7*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *27th of November 1879*
4. Place of Birth (Street and Number) *No. 2 Fayette Court*
5. Full Name of Mother *Annie Engelman*
6. Mother's Maiden Name *Annie Koenig*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Koenig*
9. Father's Occupation *Shipper*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Assistant Surgeon*
- Address *17 North Charles Street, in front of a N. B. B.*
- Remarks *Healthy*



# RETURN OF A BIRTH.

311883

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether male or female) *female child*
2. Race or Color (if not of the white race) *colored race*
3. Date of Birth *November the 7 1879*
4. Place of Birth (Street and Number) *262 citines st Baltimore md*
5. Full Name of Mother *Emley Bonds*
6. Mother's Maiden Name *Emley Howard*
7. Mother's Birthplace *Baltimore md*
8. Full Name of Father *Abraham Bonds*
9. Father's Occupation *cysslers shuckers*
10. Father's Birthplace *Dorchester County md*
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Wolford*
- Address *130 Regester st Baltimore md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child*

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November the 7. 1879.*

4. Place of Birth (Street and Number) *St. Elder St. No. 52.*

5. Full Name of Mother *Barbara Jung*

6. Mother's Maiden Name *Barbara Ott*

7. Mother's Birthplace *Freilberg, Th. Baiern, Germany*

8. Full Name of Father *Heinrich Jung*

9. Father's Occupation *Householder*

10. Father's Birthplace *Angers, Gr. Hesson, Germany*

Name of Medical Attendant, or other Person who makes this Return

Address *N. Dallas St. No. 26*

Remarks

For Return of Two Children in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

34855

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

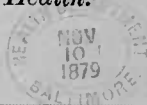


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Same
3. Date of Birth 7<sup>th</sup> of November
4. Place of Birth (Street and Number) 2 Camden Street
5. Full Name of Mother Catherine Wilson
6. Mother's Maiden Name Catherine Dunkley
7. Mother's Birthplace Northampton, England
8. Full Name of Father James Wilson
9. Father's Occupation Shoe Maker
10. Father's Birthplace Northampton, England
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Lee Smith
- Address West. South. Str. No. 429
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *7 November 79*
4. Place of Birth (Street and Number) *37 Lombard St*
5. Full Name of Mother *Marie Leisen*
6. Mother's Maiden Name *Delivan*
7. Mother's Birthplace *N. P.*
8. Full Name of Father *Patrik Leisen*
9. Father's Occupation *Carriage Driver*
10. Father's Birthplace *N. P.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sara Casper*
- Address *52 E. Lombard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311857

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>th</sup>

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov 5<sup>th</sup>

4. Place of Birth (Street and Number)

72 North Chester St

5. Full Name of Mother

Emma F. Crawford

6. Mother's Maiden Name

Emma F. Seward

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm. F. C. Crawford

9. Father's Occupation

brick mason

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Henriette Glascoe

Address

Needled St extended

Remarks

# RETURN OF A BIRTH.

34588

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth the 8<sup>th</sup> Nov 1878

4. Place of Birth (Street and Number) No 9 Angles Street

5. Full Name of Mother Rachel Ann William

6. Mother's Maiden Name Rachel Ann William

7. Mother's Birthplace Pennsain

8. Full Name of Father Abraham William

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. H. H. H.

Address No. 10 H Street

Remarks Mother and Child living well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34.589

17  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
- Sex (state whether male or female) Female
- Race or Color (if not of the white race) White
- Date of Birth 8 Nov
- Place of Birth (Street and Number) 17 Mc Elders St
- Full Name of Mother Susan Conn
- Mother's Maiden Name Beck
- Mother's Birthplace Boston Mass
- Full Name of Father Joseph Conn
- Father's Occupation Grain Measure
- Father's Birthplace Maine
- Name of Medical Attendant, or other Person who makes this Return. Asst. J. Harrison
- Address No 7 Forest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34890

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Eight  
 4. Place of Birth (Street and Number) 119 North Fremont St  
 5. Full Name of Mother Baroline Schroeffer  
 6. Mother's Maiden Name Buschardt  
 7. Mother's Birthplace nam. Godfrey Charles Schroeffer  
 8. Full Name of Father Occupation Barber  
 9. Father's Occupation Mother's Birthplace Germania  
 10. Father's Birthplace Baltimore County  
 Name of Medical Attendant, or other Person who makes this Return. Mrs Jamesfield  
 Address  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 21

1. Sex (state whether male or female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 8<sup>th</sup> Nov. 1879

4. Place of Birth (Street and Number) Baltimore, Penn. St. 147

5. Full Name of Mother Annie Soukup

6. Mother's Maiden Name Annie Kosarek

7. Mother's Birthplace Germany

8. Full Name of Father Wenzel Soukup

9. Father's Occupation laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address 69 Washington St

Remarks

Mary Kopitish

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

311892

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

2  
Male  
White  
November the 3  
Blessing St  
Sophia Ribert  
Sophia Gardner  
Baltimore  
John Ribert  
Laborer  
Baltimore  
Mary A. Tye  
99 Lancaster St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November the 8, 1879*

4. Place of Birth (Street and Number) *N. Calverton St. N. 24th*

5. Full Name of Mother *Louise Hagersupp*

6. Mother's Maiden Name *Louise Weber*

7. Mother's Birthplace *Sehterbach, Prussia, Germany*

8. Full Name of Father *Carl W. Hagersupp*

9. Father's Occupation *Saddler*

10. Father's Birthplace *Helsa, Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Muller*

Address *N. Dallas St. N. 26th*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

348911

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth (5th)*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November 5, 1879*

4. Place of Birth (Street and Number) *No 20 North St*

5. Full Name of Mother *William C. Guard*

6. Mother's Maiden Name *Anna Richter*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Chas H Guard*

9. Father's Occupation *Car Driver*

10. Father's Birthplace *Canada*

Name of Medical Attendant, or other Person who makes this Return. *Geo A. B. H. M.D.*

Address *1335 City St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34895

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *5<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *8<sup>th</sup> November*

4. Place of Birth (Street and Number) *# 350 Madison Avenue*

5. Full Name of Mother *Clara R. Dulaney*

6. Mother's Maiden Name *Clara R. Dickey*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Wm. J. Dulaney*

9. Father's Occupation *Book Seller*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Carey Thomas M.D.*

Address *317 Madison Ave.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child 1*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *8 November 1879*
4. Place of Birth (Street and Number) *Chaptank St near Bank St*
5. Full Name of Mother *Eliza Bonell*
6. Mother's Maiden Name *Eliza Lewis*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Walter Bonell*
9. Father's Occupation *Log boat*
10. Father's Birthplace *Acamac Co*
- Name of Medical Attendant, or other Person who makes this Return. *Bachel Ann Garrett*
- Address *65 Busck St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34897

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *male Child*
2. Race or Color (if not of the white race) *Colored Race*
3. Date of Birth *Nov. the 8-18-79*
4. Place of Birth (Street and Number) *124 Regester St Baltimore Md*
5. Full Name of Mother *Martha Ann Wolford*
6. Mother's Maiden Name *Martha Ann Munroe*
7. Mother's Birthplace *Dorchester County Md*
8. Full Name of Father *John W. Wolford*
9. Father's Occupation *Labor*
10. Father's Birthplace *Dorchester County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Wolford*
- Address *124 Regester St Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth November 8  
4. Place of Birth (Street and Number) 23 Grandby  
5. Full Name of Mother Carrie Curran  
6. Mother's Maiden Name Carrie Bradsher  
7. Mother's Birthplace America  
8. Full Name of Father Peter Curran  
9. Father's Occupation Laboar  
10. Father's Birthplace Ireland  
Name of Medical Attendant, or other Person who makes this Return. Mrs. Eliza Fleming  
Address 95 Altamare St  
Remarks Baltimore Md



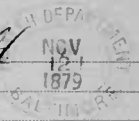
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34899

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 8th 1879*
4. Place of Birth (Street and Number) *261 West St.*
5. Full Name of Mother *Margaret Michaelis*
6. Mother's Maiden Name *Jones*
7. Mother's Birthplace *America*
8. Full Name of Father *Emil Michaelis*
9. Father's Occupation *Box maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Behrnsdorff midwife.*
- Address *330 Banner St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

340900

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8 Nov 8
4. Place of Birth (Street and Number) 31 Hillen St
5. Full Name of Mother Edisabeth Bruder
6. Mother's Maiden Name Apple
7. Mother's Birthplace Germany
8. Full Name of Father Michel Bruder
9. Father's Occupation Baker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Julia Johnson
- Address No 7 Forest Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

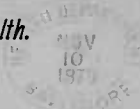
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *8 Nov*
4. Place of Birth (Street and Number) *73 Harford Ave*
5. Full Name of Mother *Bridget Hessing*
6. Mother's Maiden Name *McBartz*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Frederick Hessing*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Pennsylvania*
- Name of Medical Attendant, or other Person who makes this Return. *Isabella J. Chrismer*
- Address *No 7 Forrest Place*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34902



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Nov. 8<sup>th</sup>
4. Place of Birth (Street and Number) 88 Harmony Lane
5. Full Name of Mother Mary Bonnell
6. Mother's Maiden Name Reynolds
7. Mother's Birthplace Baltimore City
8. Full Name of Father Chas R Bonnell
9. Father's Occupation Ry & Bone collector
10. Father's Birthplace Mass.
- Name of Medical Attendant, or other Person who makes this Return. H F Hill M.D.
- Address 361 Franklin St
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34903

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *third child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *8th November 1877*
4. Place of Birth (Street and Number) *Hamburg St 289*
5. Full Name of Mother *Sarah Davis*
6. Mother's Maiden Name *Sarah Washington*
7. Mother's Birthplace *Charles County M. D.*
8. Full Name of Father *John Davis*
9. Father's Occupation *Working in gun and factory*
10. Father's Birthplace *Dorchester County M. D.*
- Name of Medical Attendant, or other Person who makes this Return. *Send to Medical*
- Address *Elancy Logy 620 Winnet St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

349011

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> 1114
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black or African
3. Date of Birth Nov. 24 1879
4. Place of Birth (Street and Number) No. 339 W. Howard st.
5. Full Name of Mother Caroline Triggs
6. Mother's Maiden Name Caroline Ray
7. Mother's Birthplace Annapolis Md.
8. Full Name of Father Chapoliam Bonapart Triggs
9. Father's Occupation Waiter
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Dr. F. B. Gardner
- Address 125 W. Greene st.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



34905

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*  
 1. Sex (state whether Male or Female) *Male.*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *November 8<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *Columbia St*  
 5. Full Name of Mother *Amelia Esser*  
 6. Mother's Maiden Name *Amelia Herfeg*  
 7. Mother's Birthplace *~~William Esser~~ Connecticut*  
 8. Full Name of Father *William Esser*  
 9. Father's Occupation *clerk*  
 10. Father's Birthplace *Bohemia*  
 Name of Medical Attendant, or other Person who makes this Return. *John Pennington M.D.*  
 Address *98 N Green St.*  
 Remarks *The child was born at 7 1/2 months, and was very fine*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34906

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 8<sup>th</sup> 1879
4. Place of Birth (Street and Number) 291. N. Emden St.
5. Full Name of Mother Kate Parlett.
6. Mother's Maiden Name Kate Morris.
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm. C. Parlett.
9. Father's Occupation Lawyer
10. Father's Birthplace Howard County
- Name of Medical Attendant, or other Person who A. J. Bell M.D.  
make this Return
- Address 234 Madison Avenue
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, <sup>34907</sup>

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov. 8th
4. Place of Birth, (Street and Number) No. 26 S Bond St
5. Full Name of Mother Mrs. Mary Harrina
6. Mother's Maiden Name " " " Kulick
7. Mother's Birthplace Germany
8. Full Name of Father Frank Harrina
9. Father's Occupation Barkeeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Getzke
- Address No. 56 S Bond St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34908

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Baltimore 8 November*
1. Sex (state whether male or female) *Female Clara*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *8 November*
4. Place of Birth (Street and Number) *Amity Street No 14*
5. Full Name of Mother *Clara*
6. Mother's Maiden Name *Philippson*
7. Mother's Birthplace *Karlsruhe*
8. Full Name of Father *Jacob Platzman*
9. Father's Occupation *Trade Tailoring*
10. Father's Birthplace *Rush Polian*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Amity street No 14.*
- Remarks

*Miss Dumber No Schneider No 60*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34909

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

HEALTH DEPARTMENT  
NOV  
10  
1879  
ORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November the 8<sup>th</sup>
4. Place of Birth (Street and Number) No 57 Lombard St
5. Full Name of Mother Amelia Henshaw
6. Mother's Maiden Name Prout
7. Mother's Birthplace Germany
8. Full Name of Father William Henshaw
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No 70 Grand St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar ~~before~~ within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34910

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *2<sup>d</sup> 45<sup>m</sup> A.M. 8th November, 1879.*
4. Place of Birth (Street and Number) *262 Disguit St, Baltimore City*
5. Full Name of Mother *Jane Marshall*
6. Mother's Maiden Name *Jane Quail*
7. Mother's Birthplace *County Down, Ireland*
8. Full Name of Father *John Marshall*
9. Father's Occupation *Employed in Sea Store*
10. Father's Birthplace *County Armagh, Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Wm J. Marsh. M.D.*
- Address *236 N. Howard St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13<sup>th</sup>*  
1. Sex (state whether Male or Female) *Female.*  
2. Race or Color (if not of the white race) *White.*  
3. Date of Birth *November 9<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *Penna. Avenue, extended,*  
*Catherine Towner*  
5. Full Name of Mother  
6. Mother's Maiden Name *Brosius*  
7. Mother's Birthplace *Baltimore, Md.*  
8. Full Name of Father *James Towner*  
9. Father's Occupation *Butcher*  
10. Father's Birthplace *Germany*  
Name of Medical Attendant, or other Person who makes this Return. *Louis W. Knight M.D.*  
Address *112 N. Greene St.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) 9 other color
3. Date of Birth White
4. Place of Birth (Street and Number) 109 East Fayette St
5. Full Name of Mother Louise Beck
6. Mother's Maiden Name Schriener
7. Mother's Birthplace Baltimore
8. Full Name of Father W. H. Beck
9. Father's Occupation Cigar maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Stephen Chisum
- Address 1070 Grandy Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 9<sup>th</sup> 1899
4. Place of Birth (Street and Number) No 3 Walnut St. Bk.
5. Full Name of Mother Mary Buss
6. Mother's Maiden Name Mary Russ
7. Mother's Birthplace Baltimore
8. Full Name of Father John Lewis
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lina H. Hedges
- Address No 107 Monument St
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

*Christina Mary Schwartzkopf*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*9*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

3. Date of Birth

*November 9<sup>th</sup> 1879*

4. Place of Birth (Street and Number)

*86 St Register st*

5. Full Name of Mother

*Marguerite Schwartzkopf*

6. Mother's Maiden Name

*" Brown*

7. Mother's Birthplace

*Germany*

8. Full Name of Father

*Henry Schwartzkopf*

9. Father's Occupation

*Laborer*

10. Father's Birthplace

*Germany*

Name of Medical Attendant, or other Person who makes this Return

*Mrs Elizabeth Bety*

Address

*245 Canton Ave*

Remarks

**GIVEN NAME ADDED**

*3-31-54*

*h.m.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Nov 9th, 79.
4. Place of Birth (Street and Number) 167. Burgin Alley
5. Full Name of Mother Mary Nussel
6. Mother's Maiden Name Rachy
7. Mother's Birthplace Baltimore
8. Full Name of Father Bernard Nussel
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Hoch
- Address 328 f. Eutaw St
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child*  
 1. Sex (state whether male or female) *Mochehen*  
 2. Race or Color (if not of the white race) *Weiß*  
 3. Date of Birth *geboren 9<sup>ten</sup> November*  
 4. Place of Birth (Street and Number) *No 195 Eastern Av*  
 5. Full Name of Mother *Henriette Flaminien*  
 6. Mother's Maiden Name *Henriette Altheimer*  
 7. Mother's Birthplace *Deutschland*  
 8. Full Name of Father *Bernhart Flaminien*  
 9. Father's Occupation *Bettler*  
 10. Father's Birthplace *Deutschland*  
 Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*  
 Address *No 194 S. Dallas Str*  
 Remarks *Flamme*

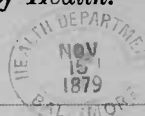
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34917

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



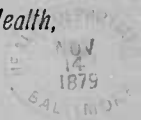
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November the 9 1877*
4. Place of Birth (Street and Number) *No 169 South Chester St*
5. Full Name of Mother *Mary A. Hunt*
6. Mother's Maiden Name *Mary A. Furver*
7. Mother's Birthplace *Mathes Co Va*
8. Full Name of Father *Charles J. Hunt*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore Co*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann E Ball*
- Address *No 171 South Chester St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34918

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 9<sup>th</sup>
4. Place of Birth (Street and Number) 125 S. Bond St
5. Full Name of Mother Leria Hariman
6. Mother's Maiden Name Potest
7. Mother's Birthplace Balt.
8. Full Name of Father Charles C. Hariman
9. Father's Occupation Clerk
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. J. J. Grop
- Address 137 Orleans St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

31919  
NOV 14 1879  
BAL. TR. OF

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child 6

1. Sex (state whether male or female)

Male  
White

2. Race or Color (if not of the white race)

3. Date of Birth

9th november

1879

4. Place of Birth (Street and Number)

19 Cambridge

5. Full Name of Mother

Rebecca J Johnson

6. Mother's Maiden Name

Warren

7. Mother's Birthplace

Adams County

8. Full Name of Father

Charles B Johnson

9. Father's Occupation

Salera

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Wiley

Address

N 12 Patterson

Park St

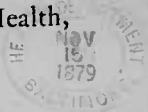
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34920

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November 9th 1879*

4. Place of Birth (Street and Number) *125 South Wolfe St.*

5. Full Name of Mother *Prescentia Gilman*

6. Mother's Maiden Name *Gaisert*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Gustav Gilman*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *James J. M. Thomas, M.D.*

Address *68 South Broadway*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34921

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 9<sup>th</sup> 25 Mc Culloch

4. Place of Birth (Street and Number)

25 Mc Culloch

5. Full Name of Mother

Mary R. Hughes

6. Mother's Maiden Name

Mary R. Levers

7. Mother's Birthplace

Balto

8. Full Name of Father

Wm J Hughes

9. Father's Occupation

Lawyer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

F. E. Whetland Jr.

Address

114 Park

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

349221  
JEF  
NOV  
20  
1879  
ORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
  1. Sex (state whether Male or Female) \_\_\_\_\_
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *November 9<sup>th</sup> 1879.*
  4. Place of Birth (Street and Number) *81 S. Eden St.*
  5. Full Name of Mother *Lucetta M. Scapinich*
  6. Mother's Maiden Name *Lucetta M. Cooper*
  7. Mother's Birthplace *Bermuda, West Indies*
  8. Full Name of Father *Marco D. Scapinich*
  9. Father's Occupation *Ship Broker*
  10. Father's Birthplace *Luschno, Austria.*
- Name of Medical Attendant, or other Person who makes this return *Nicholas L. Duthieill,*
- Address *207 S. Broadway.*
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34923

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEPT. OF HEALTH  
1879  
MAY 10

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
- Sex (state whether ~~male~~ or female) \_\_\_\_\_
  - Race or Color, (if not of the white race) \_\_\_\_\_
  - Date of Birth Mar. 9, 1879
  - Place of Birth, (Street and Number) S. W. 1st St. No 5
  - Full Name of Mother Maria Meyer
  - Mother's Maiden Name Schmidt
  - Mother's Birthplace Baltimore
  - Full Name of Father Johann Meyer
  - Father's Occupation Broker
  - Father's Birthplace Baltimore
  - Name of Medical Attendant, or other Person who makes this Return. Wm. J. Thompson
  - Address S. W. 1st St. No 5
  - Remarks Wm. J. Thompson

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34924

1879  
S. L. MUR.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Novbr. 9 1879
4. Place of Birth (Street and Number) 175 S. Baltimorestr.
5. Full Name of Mother Margaret Tchluzelberg
6. Mother's Maiden Name m. Spangenberg
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Tchluzelberg
9. Father's Occupation Lager Baker
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger
- Address 134 Bondstr.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth

9 of november

4. Place of Birth (Street and Number)

no. 6 oxford

5. Full Name of Mother

Ida Robinson

6. Mother's Maiden Name

Ida Thomas

7. Mother's Birthplace

Eastern Shore

8. Full Name of Father

Augustus Robinson

9. Father's Occupation

waiter

10. Father's Birthplace

Frederick

Name of Medical Attendant, or other Person who makes this Return.

Ann Brown

Address

no 67 Jenkins st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 9, 1874

4. Place of Birth (Street and Number) 417 N. Water St.

5. Full Name of Mother Hale Susan

6. Mother's Maiden Name Hale Harold

7. Mother's Birthplace Baltimore

8. Full Name of Father J. Harold

9. Father's Occupation Glass Sander

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Sauer

Address 177 Halsted Ave

Remarks 1874

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

7th 1879  
Female

Nov. 9th 1879

7 Falls St

Ellen. McNamee

" Redman

Ireland  
Patrick McNamee

Wheeler

Ireland.

Edward P. McDevitt

137 N. E. 1st St

# RETURN OF A BIRTH.

34928

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 9<sup>th</sup> 1879

4. Place of Birth (Street and Number)

N. W. Corner W. M. Meekins Division St.

5. Full Name of Mother

Ruth Elizabeth Worley

6. Mother's Maiden Name

Boylston

7. Mother's Birthplace

Balta. Co. Md

8. Full Name of Father

Chas. Richard Worley

9. Father's Occupation

Carpenter

10. Father's Birthplace

Washington, D. C.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Swintland M.D.

Address

431 Penna. Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Nov. 24<sup>th</sup> 1879.

Christina Ebert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Nov. 24<sup>th</sup> 1879.
4. Place of Birth (Street and Number) 39 Lancaster St.
5. Full Name of Mother Sophie Ebert.
6. Mother's Maiden Name Sophie Graubing.
7. Mother's Birthplace America.
8. Full Name of Father John Ebert.
9. Father's Occupation Leather.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary Amend.

Address 131 North Wolfe St.

Remarks

GIVEN NAME ADDED.

9-16-52

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34930

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 9th
4. Place of Birth, (Street and Number) No 36 E Pratt St
5. Full Name of Mother Mrs Rose Brandsted
6. Mother's Maiden Name Grabus
7. Mother's Birthplace Germany
8. Full Name of Father William Brandsted
9. Father's Occupation Gas Keeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Gelzke
- Address No 65 E Bond St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

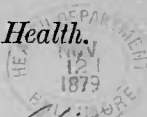
34931  
NOV 10 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 9 November 19
4. Place of Birth (Street and Number) 52 Lombard St
5. Full Name of Mother Adelina Muller
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace IL P
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Vaspor
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *Dec 10th 1879*  
 4. Place of Birth (Street and Number) *at 300 off Antietam*  
 5. Full Name of Mother *Mary Abraham*  
 6. Mother's Maiden Name *Medeman*  
 7. Mother's Birthplace *America*  
 8. Full Name of Father *George Abraham*  
 9. Father's Occupation *Cigarmaker*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *J. Schuesser midwife*  
 Address *1330 Hancock st*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

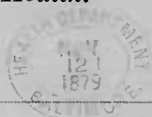
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 10<sup>th</sup> 1879
4. Place of Birth (Street and Number) No 95 Law St
5. Full Name of Mother Bertha Braun
6. Mother's Maiden Name Stegger
7. Mother's Birthplace Germany
8. Full Name of Father Valentine Braun
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Hephia Simon
- Address No 70 Franklin St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth November 10<sup>th</sup>
4. Place of Birth (Street and Number) No. 37 N. E. Elders at Extended.
5. Full Name of Mother Mary Etta Cook.
6. Mother's Maiden Name " Elliot.
7. Mother's Birthplace Dorchester Co.
8. Full Name of Father David Cook.
9. Father's Occupation Butcher
10. Father's Birthplace Dorchester Co.
- Name of Medical Attendant, or other Person who makes this Return. City Lockman (Colored)
- Address 28 N. E. Elders at Extended
- Remarks The child is dead it lived two days after birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Jan 10th 1874*

4. Place of Birth (Street and Number) *73 E. Broadway St.*

5. Full Name of Mother *Mary Smith*

6. Mother's Maiden Name *Mary Green*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *George Smith*

9. Father's Occupation *Carver*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Smith*

Address *214 E. 1st St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *1<sup>st</sup>*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 16<sup>th</sup> 1877*
4. Place of Birth (Street and Number) *No 22 Grand Hill St*
5. Full Name of Mother *Lizzie Wherman*
6. Mother's Maiden Name *Lizzie Pearson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Wherman*
9. Father's Occupation *Shoe maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Hillegass*
- Address *No 152 1/2 Monument*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

349.37

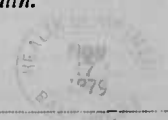
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 10<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *247 Mulberry st*
5. Full Name of Mother *Mary Merryman*
6. Mother's Maiden Name *" Grubb*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George H. Merryman*
9. Father's Occupation *Painter*
10. Father's Birthplace *Washington D.C.*
- Name of Medical Attendant, or other Person who makes this Return. *D. P. Williams*
- Address *201 Madison Ave -*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 10<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *S. E. Cor Preston & Bottom sts*
5. Full Name of Mother *Kate Clark*
6. Mother's Maiden Name *" Buck*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joseph Clark*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Williams*
- Address *201 Madison Ave*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

Name of Child: *Henry Hessler*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*5th Child*

1. Sex (state whether male or female)

*Male*

2. Race or Color (if not of the white race)

3. Date of Birth

*Apr 10th 1879*

4. Place of Birth (Street and Number)

*St. Randolph st. two doors below*

5. Full Name of Mother

*Anna (Hessler) Hessler (Charles st.)*

6. Mother's Maiden Name

*Barocke*

7. Mother's Birthplace

*Germany*

8. Full Name of Father

*Jacob (Hessler) Hessler*

9. Father's Occupation

*Merchant Sailer*

10. Father's Birthplace

*Germany*

Name of Medical Attendant, or other Person who makes this Return.

*J. Schepers midwife*

Address

*330 Hanover st.*

Remarks

*Hesslers on Randolph st. have no number*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 15 November
4. Place of Birth (Street and Number) 21 Eastern St
5. Full Name of Mother Bridget Eivers
6. Mother's Maiden Name O'Millie
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Eivers
9. Father's Occupation Podler
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return, Mr. Para Casper
- Address 52 B. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth 10 November  
4. Place of Birth (Street and Number) 66 President  
5. Full Name of Mother Therese Fose  
6. Mother's Maiden Name Dele  
7. Mother's Birthplace Italia  
8. Full Name of Father Antonio Fose  
9. Father's Occupation workingman  
10. Father's Birthplace Italia  
Name of Medical Attendant, or other Person who makes this Return. Dr. Paron Cooper  
Address 2 E. Lombard St  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

3119112  
DEPT. OF HEALTH  
NOV 12 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Her 2nd*  
1. Sex (state whether male or female) *Boys*  
2. Race or Color (if not of the white race) *Weiss*  
3. Date of Birth *geboren den 10ten November*  
4. Place of Birth (Street and Number) *N 308 Alexander Str*  
5. Full Name of Mother *Louise Schongs*  
6. Mother's Maiden Name *Louise Klee*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Frank Schongs*  
9. Father's Occupation *Handarbeiter*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return *Frederike Brunsman*  
Address *N 197. S. Dallas Str*  
Remarks *Henne*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 15 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 10 1879*
4. Place of Birth (Street and Number) *573 Eastman Ave*
5. Full Name of Mother *Marna Barkard*
6. Mother's Maiden Name *Mae Wilson*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Paul Barkard*
9. Father's Occupation *Ship Joiner*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Miss E. L. Laff*
- Address *193 Chester St*
- Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

3119111

NOV 15 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 2<sup>d</sup> Child*
- Sex (state whether male or female) *Female child*
- Race or Color (if not of the white race) *Color child*
- Date of Birth *The 9<sup>th</sup> of November*
- Place of Birth (Street and Number) *The 10<sup>th</sup> Elder Street*
- Full Name of Mother *Annie Parker*
- Mother's Maiden Name *Annie Jones*
- Mother's Birthplace *Summery County*
- Full Name of Father *Sam Parker*
- Father's Occupation *Oyster Shaker*
- Father's Birthplace *Baltimore M. I.*
- Name of Medical Attendant, or other Person who makes this Return. *Willey Gross*
- Address *1811 York Street*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT.  
DEC 2 1899

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Seich
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth November 10 79
4. Place of Birth, (Street and Number) No 419 E Chase. St
5. Full Name of Mother Mary E Morris
6. Mother's Maiden Name Mary E. Albaugh
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm C. Morris
9. Father's Occupation Bricklayer
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Mary A Caldwell
- Address 296 - 44 - Doney St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 10. 1879

4. Place of Birth (Street and Number)

424 N. Eden St.

5. Full Name of Mother

Mary Claypool

6. Mother's Maiden Name

Thorn

7. Mother's Birthplace

Beth. Md.

8. Full Name of Father

Jos. J. Claypool

9. Father's Occupation

Black

10. Father's Birthplace

Mont Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

A. Hartman M.D.

Address

305 N. Caroline

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

349117

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> child  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Nov 10<sup>th</sup> 1877  
4. Place of Birth (Street and Number) 125 Calhoun St  
5. Full Name of Mother Olivia Jane Cornell  
6. Mother's Maiden Name " " Landon  
7. Mother's Birthplace Baltimore City  
8. Full Name of Father James M. Cornell  
9. Father's Occupation Book  
10. Father's Birthplace Virginia  
Name of Medical Attendant, or other Person who makes this Return. J. J. Gibbons M.D.  
Address 47 Edmondson Ave  
Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Nov. 10. 1879
4. Place of Birth, (Street and Number) St. Vincent St No 5.
5. Full Name of Mother Margaretha Prothmann
6. Mother's Maiden Name Lang
7. Mother's Birthplace Kandelbach Prussia
8. Full Name of Father Johann Prothmann
9. Father's Occupation Lebner
10. Father's Birthplace Neuzing Prussia
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. Prothmann
- Address St. Paul's St No 14
- Remarks Wm. J. Prothmann

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34-949



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

White

Nov. 10<sup>th</sup> 1879

Baltimore Scott. st. N. 9/10

Emily White

Ann

Baltimore

Frank White

Blacksmith

Baltimore

Mrs. C. Nettell

N. 140 Ramsey st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 16th 1864*
4. Place of Birth (Street and Number) *Baltimore Woodward Street*
5. Full Name of Mother *Susan Collins*
6. Mother's Maiden Name *Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Collins*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Mitchell*
- Address *No. 140 Ramsey St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup> Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov. 10<sup>th</sup> 1879

4. Place of Birth (Street and Number)

142 S. Bond

5. Full Name of Mother

Mary Pauline Roberts

6. Mother's Maiden Name

" " Feller

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Roberts

9. Father's Occupation

Mariner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

S. R. W. Mansfield

Address

117 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

24952

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *216th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November 10th (1872)*

4. Place of Birth (Street and Number) *St. 344 Rameay St. Balto.*

5. Full Name of Mother *Hellen Walk*

6. Mother's Maiden Name *Hellen Cook*

7. Mother's Birthplace *Fredrick County Md.*

8. Full Name of Father *Benjamin T. Waters*

9. Father's Occupation *House Painter*

10. Father's Birthplace *Louisville Kentucky*

Name of Medical Attendant, or other Person who makes this Return. *Wm. McLean*

Address *435 W. McHenry St.*

Remarks *Born in Spasms*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

34953

To the Office of Registrar of Vital Statistics, Board of Health.

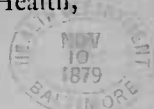
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Colored Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth June 10th
4. Place of Birth, (Street and Number) Baltimore 210 Lombard St
5. Full Name of Mother Lucie Robinson
6. Mother's Maiden Name " Sandy
7. Mother's Birthplace Baltimore
8. Full Name of Father John Robinson
9. Father's Occupation Barber
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Amelia M. Green
- Address 394 Hamburg St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth 273 Hughes St. Ct

4. Place of Birth (Street and Number) Baltimore MD. 273 Hughes St

5. Full Name of Mother Clarar White

6. Mother's Maiden Name Clara White

7. Mother's Birthplace Talbot City D.D

8. Full Name of Father Isaac Groose

9. Father's Occupation farmer

10. Father's Birthplace Talbot City D.D

Name of Medical Attendant, or other Person who makes this return Caroline Moore

Address 273 Hughes St Ct

Remarks Baltimore MD



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

34955

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 44
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November 10 11
4. Place of Birth, (Street and Number) No 166 E Pratt St
5. Full Name of Mother Mrs Mary McPherson
6. Mother's Maiden Name " " " Schuman
7. Mother's Birthplace Baltimore
8. Full Name of Father John McPherson
9. Father's Occupation Shoe Repairer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other person who makes this return. Mrs Gelzke
- Address No 22 S Bond St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34956

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Dec 12 79

4. Place of Birth (Street and Number) 151 N. ...

5. Full Name of Mother ...

6. Mother's Maiden Name ...

7. Mother's Birthplace ...

8. Full Name of Father ...

9. Father's Occupation ...

10. Father's Birthplace ...

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>th</sup>*
1. Sex (state whether Male or Female) *Boi*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1<sup>st</sup> November*
4. Place of Birth (Street and Number) *105 N. Washington St*
5. Full Name of Mother *Marice Fitzpatrick*
6. Mother's Maiden Name *Butlerman*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *Hugh Fitzpatrick*
9. Father's Occupation *Cabinet-maker*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *J. Konrad*
- Address *20 Barnes St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31958



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

November 11 1879

4. Place of Birth (Street and Number)

107 E Lombard St

5. Full Name of Mother

Agnes Elizabeth Litchfield

6. Mother's Maiden Name

O'Connor

7. Mother's Birthplace

Delaware

8. Full Name of Father

William Oscar Litchfield

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Charles H. Thomas M.D.

Address

85 E. Baltimore St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov the 11<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 314 Canton ave
5. Full Name of Mother Elize Bannin
6. Mother's Maiden Name Long
7. Mother's Birthplace Baltimore
8. Full Name of Father John Bannin
9. Father's Occupation Captain
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Louise Kraft
- Address 236 Canton ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *November 11<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *127 N Howard St*  
5. Full Name of Mother *Sarah Luchton*  
6. Mother's Maiden Name *Curry*  
7. Mother's Birthplace *Harford County, Md*  
8. Full Name of Father *John Luchton*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Harford County, Md*  
Name of Medical Attendant, or other Person who makes this Return. *E. Lever Cox M.D.*  
Address *289 W Fayette St*  
Remarks *Premature Confinement in consequence of  
(8 months)  
mother's illness with Pneumonia, of which she dies on 17<sup>th</sup>.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34961

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 10<sup>th</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *November 11 1879*
4. Place of Birth (Street and Number) *No 64 Essick St*
5. Full Name of Mother *Catharine E. Moran*
6. Mother's Maiden Name *Catharine A. Moran*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick Moran*
9. Father's Occupation *Moulder*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann E Bull*
- Address *No 171 South Easter St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

349621

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) African
3. Date of Birth November 11th 1879
4. Place of Birth (Street and Number) York street
5. Full Name of Mother Rachel Riggs
6. Mother's Maiden Name Rachel Brown
7. Mother's Birthplace Cppfork
8. Full Name of Father Henry Riggs
9. Father's Occupation Seaman
10. Father's Birthplace Charfork
- Name of Medical Attendant, or other Person who makes this Return. Julia A Johnson
- Address 400 West street
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34963

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 11 of November 1879
4. Place of Birth (Street and Number) William St. No. 61.
5. Full Name of Mother Katharina Dintuch
6. Mother's Maiden Name Katharina Burns
7. Mother's Birthplace Baltimore
8. Full Name of Father John Dintuch
9. Father's Occupation Ironworker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sabena Grishaler
- Address 128 West St. Baltimore Md.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

349641

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 11 November
4. Place of Birth (Street and Number) 17 Jefferson St.
5. Full Name of Mother Anne Fitch
6. Mother's Maiden Name Hartburg
7. Mother's Birthplace U. S.
8. Full Name of Father Wm. Fitch
9. Father's Occupation Printer
10. Father's Birthplace U. S.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Para Casper
- Address 526 Leonard St.
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth November 11 1894
4. Place of Birth, (Street and Number) 242 Hugo St between shop & East
5. Full Name of Mother Arrena Wilson
6. Mother's Maiden Name Arrena Dickson Maryland
7. Mother's Birthplace Queen Anne's county Centerville
8. Full Name of Father Thomas Dickson
9. Father's Occupation porter shoe maker
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Midwife
- Address Georgetown Parker
- Remarks residence 266 Lamon

cert

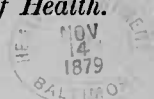
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov 11th*

4. Place of Birth (Street and Number) *Maternity 168 W Lombard St.*

5. Full Name of Mother *Annie Brown*

6. Mother's Maiden Name *Wass*

7. Mother's Birthplace *Unknown*

8. Full Name of Father *Unknown*

9. Father's Occupation *Unknown*

10. Father's Birthplace *Unknown*

Name of Medical Attendant, or other Person who makes this Return *Dr Frankland*

Address *168 W Lombard St. City*

Remarks *Mother and Child doing well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *11<sup>th</sup> day of November 1879*
4. Place of Birth (Street and Number) *E. Madison St. No. 122.*
5. Full Name of Mother *Frederike Stahl*
6. Mother's Maiden Name *F. Meuter*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jacob Stahl*
9. Father's Occupation *Apothecary*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Fred. Heff, M. D.*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34969

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th.*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov. 11th. 1899*

4. Place of Birth (Street and Number) *Romney Street near East*

5. Full Name of Mother *Mary Miller*

6. Mother's Maiden Name *Deater*

7. Mother's Birthplace *Balt.*

8. Full Name of Father *John Miller*

9. Father's Occupation *Household*

10. Father's Birthplace *Balt.*

Name of Medical Attendant, or other Person who makes this Return. *Charles W. Gott*

Address *300 W. Fayette St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 11<sup>th</sup> 1879
4. Place of Birth (Street and Number) # 2 Patterson Park Ave
5. Full Name of Mother E. M. Williams
6. Mother's Maiden Name Ala Mahr
7. Mother's Birthplace Balto
8. Full Name of Father Geo William
9. Father's Occupation Car Maker
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Lewis
- Address # 171 S. Washington St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34971

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

NOV  
13  
1873

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

NOV  
4  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4<sup>th</sup>  
Female  
White

Nov. 12<sup>th</sup> 1879

Baltimore Scott St. No. 131

Mary Herbert  
Smith

Baltimore

William Herbert

Laborer

Baltimore

Wm. C. Mitchell

No. 140 Ramsey St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 12th, 1879.
4. Place of Birth (Street and Number) 434 Central Ave
5. Full Name of Mother Mary Lougley
6. Mother's Maiden Name Shields
7. Mother's Birthplace Balt
8. Full Name of Father John Lougley
9. Father's Occupation Painter
10. Father's Birthplace Balt
- Name of Medical Attendant, or other Person who makes this Return. M. B. Billington
- Address 400 1st Ave. & Biddle St
- Remarks: Died a few minutes after birth without any appar-  
ent cause

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34975-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex (state whether male or female) *Male*
  - Race or Color (if not of the white race) *White*
  - Date of Birth *Nov 12 - 1879*
  - Place of Birth (Street and Number) *No 256 E. Gen St*
  - Full Name of Mother *Lora Goeinger*
  - Mother's Maiden Name *Helen Kitchenstein*
  - Mother's Birthplace *Baltimore*
  - Full Name of Father *Geo. F. Goeinger*
  - Father's Occupation *Coach Painter*
  - Father's Birthplace *Prattman*
  - Name of Medical Attendant, or other Person who makes this Return. *Helen G. Goeinger*
  - Address *182 E. Harrison St*
  - Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Nov 12<sup>th</sup>*  
 4. Place of Birth (Street and Number) *Hamburg & Bergundy Alley*  
 5. Full Name of Mother *Eleanor Biff*  
 6. Mother's Maiden Name *Eleanor Wemmer*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *John H Biff*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *J. G. Wombler M.D.*  
 Address *203 W. Southward*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

34977

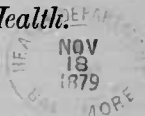


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 12th November
4. Place of Birth (Street and Number) Howard St. No 25 Baltimore
5. Full Name of Mother Margaret Parcher
6. Mother's Maiden Name Margaret Wolf
7. Mother's Birthplace Eckzel Germany
8. Full Name of Father August Parcher
9. Father's Occupation Fire Worker
10. Father's Birthplace Schweinsberg Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. B. Garrison
- Address No 26 & Franklin St. Carbon
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 12 Nov. 1879
4. Place of Birth (Street and Number) 22 Oliver St
5. Full Name of Mother Susan A Stephens
6. Mother's Maiden Name " Lee
7. Mother's Birthplace md
8. Full Name of Father Lewis Stephens
9. Father's Occupation R.R. engineer
10. Father's Birthplace md
- Name of Medical Attendant, or other Person who makes this Return. G. Lane Dauphree
- Address 129 W. Medals St
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *November 12<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *161 Hoffman St*

5. Full Name of Mother *Martha Gray*

6. Mother's Maiden Name

7. Mother's Birthplace *Baltimore Co*

8. Full Name of Father *Thos. J. Gray*

9. Father's Occupation *Labour*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *D. C. Williams*

Address *2501 Madison Ave*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 34980
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 20 November 1899
4. Place of Birth (Street and Number) Ladenhal St. No 126
5. Full Name of Mother Marion Gahrman
6. Mother's Maiden Name Marion Kelly
7. Mother's Birthplace Ireland
8. Full Name of Father Julius Gahrman
9. Father's Occupation Sailor
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Sabina Grishaber
- Address 128 West St. Baltimore Md
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, either before or after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2, Children*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *12 of November 1879*
4. Place of Birth (Street and Number) *Light St 512*
5. Full Name of Mother *Elizabeth Jakob*
6. Mother's Maiden Name *Elizabeth Burns*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Albert Jakob*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Salena Grishaber*
- Address *128 West St. Baltimore Md.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



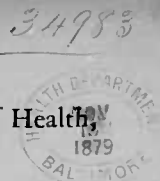
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)
  2. Race or Color (~~if not of the white race~~)
  3. Date of Birth November 12<sup>th</sup> 1879
  4. Place of Birth (Street and Number) 440 E. Chase
  5. Full Name of Mother Louisa Frickler
  6. Mother's Maiden Name Louisa Magers
  7. Mother's Birthplace Baltimore
  8. Full Name of Father John A. Frickler
  9. Father's Occupation Collector
  10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return J. Ridgway Andre M.D.  
Address 1212 E. Baltimore  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex (~~state whether~~ Male or Female) \_\_\_\_\_
  2. Race or Color (~~if not of the~~ white race) \_\_\_\_\_
  3. Date of Birth *November 12<sup>th</sup> 1879*
  4. Place of Birth (Street and Number) *No 406 E Fayette St*
  5. Full Name of Mother *Clara J Meekle*
  6. Mother's Maiden Name *" " Looker*
  7. Mother's Birthplace *New York*
  8. Full Name of Father *James Meekle*
  9. Father's Occupation *Clerk*
  10. Father's Birthplace *Scotland*
- Name of Medical Attendant, or other Person who makes this return *J. Ridgway Andrews*  
Address *No 121 E Baltimore St*  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34984

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

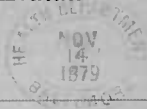


No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) Colored  
3. Date of Birth 12 Nov 1879  
4. Place of Birth (Street and Number) 11 Lambert St  
5. Full Name of Mother Hannie Kellum  
6. Mother's Maiden Name Hannie Collins  
7. Mother's Birthplace Virginia  
8. Full Name of Father Levi Kellum  
9. Father's Occupation Seaman  
10. Father's Birthplace Virginia  
Name of Medical Attendant, or other Person who makes this Return. Dr. A. Collins  
Address 150 N. Second St  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child*
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November the 12. 1878*
4. Place of Birth (Street and Number) *V. Chappel St. No. 27*
5. Full Name of Mother *Leffie Buxbaum*
6. Mother's Maiden Name *Leffie Baum*
7. Mother's Birthplace *Nordheim, Th. Baiern, Germany*
8. Full Name of Father *Hermann Buxbaum*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Koernerberg, Th. Preussen, Germany*
- Name of Medical Attendant, or other Person who makes this Return *May E. Miller*
- Address *N. Gables St. No. 26*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

34986

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 12<sup>th</sup> 1874*
4. Place of Birth (Street and Number) *177 Mosher*
5. Full Name of Mother *Mary Harry Holloway*
6. Mother's Maiden Name *Mary Harry*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Henry O Holloway*
9. Father's Occupation *Wheeler*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *J. E. Chataud Jr*
- Address *114 Park Ave*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34987

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) German
3. Date of Birth Dec 12<sup>th</sup> 1874
4. Place of Birth (Street and Number) Eden St 86
5. Full Name of Mother Isabelle Fisher
6. Mother's Maiden Name " Frank
7. Mother's Birthplace Balto
8. Full Name of Father Emmanuel Fisher
9. Father's Occupation Dry goods
10. Father's Birthplace Balto Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Allen
- Address 48 Hollands St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34988

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Dec 12 Mon 1879
4. Place of Birth (Street and Number) No 32 Franklin Street
5. Full Name of Mother Isabel Plummer
6. Mother's Maiden Name J. Gordon
7. Mother's Birthplace North Carolina
8. Full Name of Father George S. Plummer
9. Father's Occupation Yalor
10. Father's Birthplace Delaware
- Name of Medical Attendant, or other Person who makes this Return. Dr. Charles Williamson
- Address No 70 Chemin Ste
- Remarks Mother died child crying well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34989

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 12*
4. Place of Birth (Street and Number) *116 St Pauls St*
5. Full Name of Mother *Rosalie Gittings*
6. Mother's Maiden Name *May Baltimore*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Herrett Gittings Jr*
9. Father's Occupation *Banker*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Rizzin Buckler*
- Address *135 N Charles St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34990

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
28  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14th child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *november 12th 1879*
4. Place of Birth (Street and Number) *127 York St*
5. Full Name of Mother *Mary Jane Morsel*
6. Mother's Maiden Name *Mary Jane Macdowell*
7. Mother's Birthplace *colbert county*
8. Full Name of Father *Benjamin Morsel*
9. Father's Occupation *labour*
10. Father's Birthplace *Acama, Va*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Lydia Potter*
- Address *no 4 pattee avenue*
- Remarks *healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34991

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Nov 13<sup>th</sup> 1879.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 12<sup>th</sup> 1879

4. Place of Birth (Street and Number) 26 South 1st St

5. Full Name of Mother Sophie Schneider

6. Mother's Maiden Name Sophie Adam

7. Mother's Birthplace Germany

8. Full Name of Father John Schneider

9. Father's Occupation Sailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Arnold

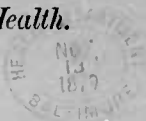
Address 22 South 1st St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 12 1877
4. Place of Birth (Street and Number) 59 Johnson st
5. Full Name of Mother Laura Edwards
6. Mother's Maiden Name Laura Burks
7. Mother's Birthplace Balto
8. Full Name of Father John T Edwards
9. Father's Occupation Caulker
10. Father's Birthplace Harford County
- Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether it will born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34993

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 12 1879
4. Place of Birth (Street and Number) 98 Johnson st
5. Full Name of Mother Florence Colbourn
6. Mother's Maiden Name " Michael
7. Mother's Birthplace Balto
8. Full Name of Father Wm J Colbourn
9. Father's Occupation Paper Hanger
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 12. 1899
4. Place of Birth (Street and Number) 26 Aisquith St.
5. Full Name of Mother Mary Motenfeld
6. Mother's Maiden Name Krider
7. Mother's Birthplace Baltimore County
8. Full Name of Father Dr. H. D. Motenfeld
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. W. E. Mosley M.D.
- Address 248 N. Eutaw St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

34.995-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race)
3. Date of Birth *November 12<sup>th</sup> 1878.*
4. Place of Birth (Street and Number) *12 Hill St.*
5. Full Name of Mother *Elija Carle.*
6. Mother's Maiden Name *" Brannon.*
7. Mother's Birthplace *Howard Co. Md.*
8. Full Name of Father *J. H. Carle.*
9. Father's Occupation *Bagmaker*
10. Father's Birthplace *Balto. City.*
- Name of Medical Attendant, or other Person who makes this return *W. J. H. Tall. Md.*
- Address *15-2 Sharp St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *15th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov 15th*

4. Place of Birth (Street and Number) *19 D. H. P. L.*

5. Full Name of Mother *Emma C. Healey*

6. Mother's Maiden Name *" Rodbey*

7. Mother's Birthplace *Germany*

8. Full Name of Father *David C. Healey*

9. Father's Occupation *Sculler*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Asst. Surg. Wm. D. H. P. L.*

Address *7 D. H. P. L.*

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- 321.997
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 12th*
4. Place of Birth (Street and Number) *Baltimore - 1st The Aud St.*
5. Full Name of Mother *Mrs. Charles Robinson*
6. Mother's Maiden Name *Mrs. Charles Robinson*
7. Mother's Birthplace *Washington, D.C.*
8. Full Name of Father *John Charles Robinson*
9. Father's Occupation *Retired Army Surgeon*
10. Father's Birthplace *Philadelpia Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. M. J. Torrance*
- Address *181 Madison Ave.*
- Remarks *Child in good condition*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth, (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

Nov 13. 1879

N. Walzstra No 74

Anna Marie

Ables

Baltimore

Wilhelm Marie

Putzner

Eisen Prussia

Mary Joh. Mansbach

N. Walzstra No 74

Midwife

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

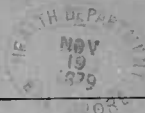
- No. of Child of Mother, (state whether 1st, 2nd, &c.) 2nd
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Nov 13. 1879
4. Place of Birth, (Street and Number) 4. Schappels St No 33
5. Full Name of Mother Barbara Schriefer
6. Mother's Maiden Name Unmehlich
7. Mother's Birthplace Baltimore
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. H. Prange
- Address Schappels St No 124
- Remarks Unmehlich

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



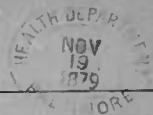
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November the 13<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 158 S. Register St
5. Full Name of Mother Johanna Jacobson
6. Mother's Maiden Name " Döll
7. Mother's Birthplace Germany
8. Full Name of Father John Jacobson
9. Father's Occupation Seaman
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Louise M. Craft
- Address 236 Canton Ave
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov the 13<sup>th</sup> 1879

4. Place of Birth, (Street and Number)

No 20 Thomas St

5. Full Name of Mother

Anna Schtalke

6. Mother's Maiden Name

Anna Kressina

7. Mother's Birthplace

Bohemian Bohemian

8. Full Name of Father

Frantz Schtalke

9. Father's Occupation

Carpenter

10. Father's Birthplace

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Terrie A. Merz

Address

248 S Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*
1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November the 12<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *N. Bond St. No. 40.*
5. Full Name of Mother *Sophia White*
6. Mother's Maiden Name *Sophia Birn*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Charles White*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Trenton State, New Jersey*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Müller*
- Address *N. Dallas St. No. 26.*
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup> Child*
1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *November 13. 1879*
  4. Place of Birth (Street and Number) *E. Fayette St. No. 245*
  5. Full Name of Mother *Francis Ryler*
  6. Mother's Maiden Name *Francis Marshall*
  7. Mother's Birthplace *Baltimore City*
  8. Full Name of Father *John Ryler*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Muller*
- Address *N. Dallas St. No. 261*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup> Child

1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) White
3. Date of Birth November the 13, 1899
4. Place of Birth (Street and Number) W. Durham St. No. 7
5. Full Name of Mother Mary Kraemer
6. Mother's Maiden Name Mary Lücke
7. Mother's Birthplace Baltimore City
8. Full Name of Father Johann Kraemer
9. Father's Occupation Horn Cutter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mary E. Muller

Address N. Dallas St. No. 26

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth 13 Nov 1879
4. Place of Birth (Street and Number) 110 24 Avenue West
5. Full Name of Mother Jola Hall
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace Nathan
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. Robert Williams
- Address 110 24 Avenue West
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35706

HEALTH DEPARTMENT  
NOV 18 1899  
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Nov 13th 1899  
4. Place of Birth (Street and Number) Harford Ave near Boundary Ave  
5. Full Name of Mother Carrie Hammond  
6. Mother's Maiden Name " Grantham  
7. Mother's Birthplace Baltimore Md  
8. Full Name of Father Frank H. Hammond  
9. Father's Occupation Beef Butcher  
10. Father's Birthplace Harford Co. Md  
Name of Medical Attendant, or other Person who makes this Return. D. W. Battelle Md  
Address 2 N B Boundary  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV  
17  
1899

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 13 Nov
4. Place of Birth (Street and Number) 17 Madison St
5. Full Name of Mother Delia Connor
6. Mother's Maiden Name Bohen
7. Mother's Birthplace Richmond Va
8. Full Name of Father Geo Connor
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Asa W. Thimmon
- Address No 7 Forrest Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13 Nov*
4. Place of Birth (Street and Number) *2 Buren St*
5. Full Name of Mother *Catharine Madden*
6. Mother's Maiden Name *Welch*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Patrick Madden*
9. Father's Occupation *Meat House*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Rosula J. Ehrmer*
- Address *No 7 Yassett Place*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup> Child  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 13<sup>th</sup> 1879  
No 242 Montgomery st

4. Place of Birth (Street and Number)

5. Full Name of Mother

Elia Rodowski  
Kreuter

6. Mother's Maiden Name

7. Mother's Birthplace

America

8. Full Name of Father

Rudolph Rodowski  
Piano maker

9. Father's Occupation

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schaeffer M.D.  
330 Hanover st.

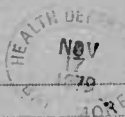
Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

November 13

4. Place of Birth (Street and Number)

N. 171 West St

5. Full Name of Mother

Margrett Louns

6. Mother's Maiden Name

Wells

7. Mother's Birthplace

Talbot Co Md

8. Full Name of Father

Horace Louns

9. Father's Occupation

Laborer

10. Father's Birthplace

Talbot Co Md

Name of Medical Attendant, or other Person who makes this Return.

Susan Butler

Address

N. 182 1/2 West St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 13 November
4. Place of Birth (Street and Number) 220 Lombard St
5. Full Name of Mother Margie Norwood
6. Mother's Maiden Name Deel
7. Mother's Birthplace N. C.
8. Full Name of Father Richard Norwood
9. Father's Occupation Cleric
10. Father's Birthplace N. C.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Parke Casper
- Address 52 B. Lombard St
- Remarks \_\_\_\_\_

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35012

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *third*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *4<sup>th</sup> 20<sup>th</sup> P.M. 13<sup>th</sup> November, 1879.*
4. Place of Birth (Street and Number) *5 W. Mount Street, Baltimore City.*
5. Full Name of Mother *Mary Elizabeth Sheets*
6. Mother's Maiden Name *Mary Elizabeth Sheets*
7. Mother's Birthplace *Baltimore City, Maryland.*
8. Full Name of Father *James Addison Sheets*
9. Father's Occupation *Apothecary*
10. Father's Birthplace *Adams County, Ohio*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. J. Worth M.D.*
- Address *236 W. Howard St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35013

DEC

2

1879

MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth child.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13th Nov.*
4. Place of Birth (Street and Number) *Cathedral St. No. 1000*
5. Full Name of Mother *Mary Gallagher*
6. Mother's Maiden Name *Wells.*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick Gallagher.*
9. Father's Occupation *Laborer.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who make this Return. *Charlotte Crosby.*
- Address *369 Cathedral St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
24  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

7<sup>th</sup>  
Female  
White

Nov 13<sup>th</sup> 1879

Baltimore Ramsey St. N. 130

Mary E. Biddison

Mary E. Miller

Baltimore

William Biddison

Paper Hanger

Baltimore

Mrs. C. Martineau

N. 140 Ramsey St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male

White

Nov 13th 1879

Maternity 163 W Lombard St.

Lilly Bond

H. J.

unknown

H. Frankham M.D.

163 W Lombard St.

Mother and child doing well

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

NOV 20 1879  
BAL OPE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race)  
3. Date of Birth *November 13th*  
4. Place of Birth (Street and Number) *18 Penn'a Ave*  
5. Full Name of Mother *Charlotte Vogel*  
6. Mother's Maiden Name *Charlotte Tichel*  
7. Mother's Birthplace *Baltimore City*  
8. Full Name of Father *Bernhard Vogel*  
9. Father's Occupation *Cigar Manufacturer*  
10. Father's Birthplace *Schwenfeld, Circuit Court, Prussia, Saxony*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs John Sammelfeld*  
Address *18 Penn'a Ave*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 13. 1899

4. Place of Birth (Street and Number)

# 69 S. Washington St.

5. Full Name of Mother

Kate Maud MacKenzie

6. Mother's Maiden Name

" " Carmichael

7. Mother's Birthplace

Burr's Mts.

8. Full Name of Father

Alexander MacKenzie

9. Father's Occupation

Steador

10. Father's Birthplace

Scotland

Name of Medical Attendant, or other Person who makes this Return.

Geo. A. Hartman M.D.

Address

#3015 W. Caroline St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

DEC 10 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 13<sup>th</sup> 1878
4. Place of Birth, (Street and Number) West St.
5. Full Name of Mother Dorothy Johnson
6. Mother's Maiden Name " " Slaughter
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm. Slaughter
9. Father's Occupation Carter
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this return. Mrs. George A. Richmond
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35019  
D.C.  
11  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *13. 11. 1879*
4. Place of Birth (Street and Number) *No. 8. S. G. W. 1st St*
5. Full Name of Mother *Catharina Faller*
6. Mother's Maiden Name *Catharina Eichelmann*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *Joseph Faller*
9. Father's Occupation *Driver*
10. Father's Birthplace *Baden Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. P. Schrader*
- Address *No. 1. Schrader St*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35020

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third (3rd)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Thursday Novr 13th 1879

4. Place of Birth (Street and Number)

465 E. Chase St

5. Full Name of Mother

Caroline Julia Wiseman

6. Mother's Maiden Name

Kalkman

7. Mother's Birthplace

Dodd County

8. Full Name of Father

John T. Wiseman

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Selous

Address

5 E. Cor. Bay St (Caroline St)

Remarks

# RETURN OF A BIRTH.

35021

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

13<sup>th</sup> November 79

4. Place of Birth (Street and Number)

5 W. Cor of Lexington & Silmonds

5. Full Name of Mother

Sarah Cole

6. Mother's Maiden Name

7. Mother's Birthplace

Ind

8. Full Name of Father

John B Cole

9. Father's Occupation

Merchant

10. Father's Birthplace

Ind

Name of Medical Attendant, or other Person who makes this Return.

Left James M

Address

Remarks

550 in Fayette St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accouchew, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

35022

*Health.*

NOV 14 1879

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) 1st

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. *Date of Birth*

4. *Place of Birth (Street and Number)*

5. *Full Name of Mother*

6. *Mother's Maiden Name*

### 7. *Mother's Birthplace*

8. *Full Name of Father*

### 9. *Father's Occupation*

### 10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

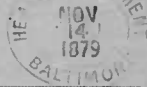
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 13 1879

4. Place of Birth (Street and Number)

21 Pearl St

5. Full Name of Mother

Emily A. Turner

6. Mother's Maiden Name

Emily A. Mosley

7. Mother's Birthplace

George Town D.C.

8. Full Name of Father

John H. Turner

9. Father's Occupation

Book Binder

10. Father's Birthplace

Charles C. Md

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cooke M.D.

Address

146 N. Anne St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

RECEIVED  
NOV  
28  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *November 13th. 1879.*  
 4. Place of Birth (Street and Number) *327. W. Mc Henry St. Balto*  
 5. Full Name of Mother *Matilda Tharle*  
 6. Mother's Maiden Name *Matilda Jones.*  
 7. Mother's Birthplace *Baltimore City.*  
 8. Full Name of Father *Richard T. Tharle*  
 9. Father's Occupation *Street Hackers*  
 10. Father's Birthplace *Annerwyndal County*  
 Name of Medical Attendant, or other Person who makes this Return. *M. J. Leman*  
 Address *485. W. Mc Henry St.*  
 Remarks *Strong healthy child.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

35025

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Born Nov 17th
4. Place of Birth, (Street and Number) Baltimore No 25 East St
5. Full Name of Mother Mela Mosby
6. Mother's Maiden Name H. Jones
7. Mother's Birthplace East Shore Va
8. Full Name of Father Edwin Mosby
9. Father's Occupation Drayman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Angeline Wilkins
- Address 399 Pennsylvania St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35026

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *November 13<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *Port St.*
5. Full Name of Mother *Liese Schnitter*
6. Mother's Maiden Name *Liese Froehlich*
7. Mother's Birthplace *Cyberland, Me.*
8. Full Name of Father *Henry Schnitter.*
9. Father's Occupation *Farmer.*
10. Father's Birthplace *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. B. Brune.*
- Address *No. 114 Battery St.*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth, (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

Nov. 13. 1879

St. Dunham's No. 9.

Margaret Schmitt

Ward

Baltimore

Joseph Schmitt

Miner

Baltimore

Wm. J. P. P. P. P.

St. Dunham's No. 14

Wm. J. P. P.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35028

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Nov. 11. 1879
4. Place of Birth, (Street and Number) 12 Fayette St No 402
5. Full Name of Mother: Elisabeth Schraudner
6. Mother's Maiden Name Schraudner
7. Mother's Birthplace Hirschkeit Bayern
8. Full Name of Father Friedrich Schraudner
9. Father's Occupation Broker
10. Father's Birthplace Hirschkeit Bayern
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. H. Prange
- Address 12 Fayette St No 402
- Remarks Wm. J. H. Prange

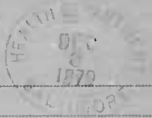
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35729

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / 1<sup>st</sup>

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov 14<sup>th</sup> 1879

4. Place of Birth (Street and Number)

no 322 of Monument

5. Full Name of Mother

L. Koch

6. Mother's Maiden Name

L. Limbach

7. Mother's Birthplace

Germany

8. Full Name of Father

J. Koch

9. Father's Occupation

Painter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Hillman

Address

127 1/2 Monument

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35030

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPT  
1879  
MAY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov. 14. 1879

4. Place of Birth, (Street and Number)

S. Duhamel St. No 109.

5. Full Name of Mother

Theresa Maria Weisheit

6. Mother's Maiden Name

Lehmann

7. Mother's Birthplace

Winnichen Prussia

8. Full Name of Father

Joseph Weisheit

9. Father's Occupation

Lehner

10. Father's Birthplace

Frankfurt Prussia

Name of Medical Attendant, or other Person who makes this return.

Wm. John Prange

Address

S. Duhamel St. No 109

Remarks

Wm. John

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35031

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

November 14th 1879

4. Place of Birth (Street and Number)

319 Alice Anna St

5. Full Name of Mother

Anna Toeprner

6. Mother's Maiden Name

" Phörtner

7. Mother's Birthplace

Germany

8. Full Name of Father

Martin Toeprner

9. Father's Occupation

Carpenter

10. Father's Birthplace

German

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Bety

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Novbr. 14 1879
4. Place of Birth (Street and Number) 3 Millard St.
5. Full Name of Mother Margret Leidenzahl
6. Mother's Maiden Name M. Franke
7. Mother's Birthplace Germane
8. Full Name of Father Heinrich Leidenzahl
9. Father's Occupation Car marker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. M. R. Rudger
- Address 124 N. Bond St.
- Remarks

NOV  
19  
1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

21. 1314

17  
1979

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 14 Nov
4. Place of Birth (Street and Number) 88 Buren St
5. Full Name of Mother Mary E. Eckert
6. Mother's Maiden Name Hoell
7. Mother's Birthplace Massachusetts
8. Full Name of Father Edward Eckert
9. Father's Occupation Stone Patcher
10. Father's Birthplace Balton
- Name of Medical Attendant, or other Person who makes this Return. Iszula J. Chrisme
- Address 1107 Forrest Ave
- Remarks



That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> 79*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov 14<sup>th</sup>*

4. Place of Birth (Street and Number) *Bethel St 911*

5. Full Name of Mother *Edith Lucas*

6. Mother's Maiden Name *" Maguire*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Joseph Lucas*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Balto County Md.*

Name of Medical Attendant, or other Person who makes this Return. *G. H. Morris M.D.*

Address *Eastward & President*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

25036

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

Dec 14<sup>th</sup> 1877

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Nov 14

4. Place of Birth (Street and Number) apic 46 7-26

5. Full Name of Mother Julia Williams

6. Mother's Maiden Name Julia Brown

7. Mother's Birthplace Harcester Co. Md

8. Full Name of Father Elick Williams

9. Father's Occupation oyster shucker

10. Father's Birthplace Harcester Co. in Pa

Name of Medical Attendant, or other Person who makes this Return. midwife Mary G Dennis

Address to 21 Peach St

Remarks no medical attendant needed

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 14 November
4. Place of Birth (Street and Number) 128 Eden Pl
5. Full Name of Mother Josephine East
6. Mother's Maiden Name Feed
7. Mother's Birthplace N D
8. Full Name of Father Charles East
9. Father's Occupation Shoemaker
10. Father's Birthplace N D
- Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Easton
- Address 2 E. Lombard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male or Female)

Male,

2. Race or Color (if not of the white race)

White,

3. Date of Birth

Nov. 14<sup>th</sup> 1879

4. Place of Birth (Street and Number)

112 S. Leigh St.

5. Full Name of Mother

Catherine M. Intyre,

6. Mother's Maiden Name

Moan,

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edward P. M. Intyre,

9. Father's Occupation

Builder maker,

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

John Morris M.D.

Address

No. 5 Franklin St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Nov 14<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 235 W. Pratt St
5. Full Name of Mother Emma Gust
6. Mother's Maiden Name " Kronheimer
7. Mother's Birthplace Balt.
8. Full Name of Father Mary Gust
9. Father's Occupation Clerk
10. Father's Birthplace Philadelphia
- Name of Medical Attendant, or other Person who makes this Return. Dr. Morris
- Address 5 Franklin St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

350140

NOV 12 1873

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth (5th)*  
 1. Sex (state whether ~~Male~~ or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *November 14th, 2 o'clock A.M.*  
 4. Place of Birth (Street and Number) *Romney St. Opposite Street (No Number)*  
 5. Full Name of Mother *Elizabeth May.*  
 6. Mother's Maiden Name *Hueston*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Philip May.*  
 9. Father's Occupation *Bus. R. Letter.*  
 10. Father's Birthplace *Georgetown, S.C.*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. W. L. Alderdice, M.D.*  
 Address *106 Columbia Avenue*  
 Remarks *Child in good physical condition, and living.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seven 171*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 14, 1879*
4. Place of Birth (Street and Number) *No. 173 Orleans St.*
5. Full Name of Mother *Mrs. Eliza Armstrong*
6. Mother's Maiden Name *Miss Eliza Espy*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Mr. William Franklin Armstrong*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return *William H. Collins M.D.*
- Address *No. 102 North Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35019

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC 2 1879

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *14<sup>th</sup> November 1879*
4. Place of Birth (Street and Number) *110 Cross st*
5. Full Name of Mother *Kate Whittle*
6. Mother's Maiden Name *Hausman*
7. Mother's Birthplace *Ind*
8. Full Name of Father *Chas A. Whittle*
9. Father's Occupation
10. Father's Birthplace *Ind*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Webster*
- Address *57' Bismarck*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33773

NOV  
24  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 14th 1879*
4. Place of Birth (Street and Number) *Baltimore Calverton St. No. 10*
5. Full Name of Mother *Lizzie Gill*
6. Mother's Maiden Name *Phines*
7. Mother's Birthplace *Germany*
8. Full Name of Father *William Gill*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Wm C Mitchell*
- Address *N. 1200 Ramsey St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Died Nov. 22 with the lockjaw.  
Place of Burial Western Cemetery Julius Koehler  
Under lock

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth Nov. 14<sup>th</sup> 1879, at 10:55 A.M.
4. Place of Birth (Street and Number) No. 3 Dawson Alley
5. Full Name of Mother Mary Ellen Davis (mulatto)
6. Mother's Maiden Name Mary Ellen Davis
7. Mother's Birthplace Anne Arundel Co., Md.
8. Full Name of Father Oliver Lancaster (colored)
9. Father's Occupation Teamster
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks 1<sup>st</sup> vertex posit<sup>n</sup>. Normal labor. The mother's age is 15 yrs.

4 mos. Child of course is illegitimate

Christopher Johnston, Jr.  
82 Franklin St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV 20 1878  
BAL 017

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
- Sex (state whether male or female) male
- Race or Color (if not of the white race)
- Date of Birth Nov. 14<sup>th</sup> 79
- Place of Birth (Street and Number) #8 189. Montgomery St.
- Full Name of Mother Christina Hednesch
- Mother's Maiden Name Woods
- Mother's Birthplace Baltimore md
- Full Name of Father Valentine Haimark
- Father's Occupation Shoemaker
- Father's Birthplace Sachau Ga.
- Name of Medical Attendant, or other Person who makes this Return. Marj Hook
- Address 328 J. Eutaw St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh -*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 14<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *46 N. Guilmore St*
5. Full Name of Mother *Margaret A. Shepherd*
6. Mother's Maiden Name *" " Stephens on -*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Edmund T. Shepherd*
9. Father's Occupation *Weigher - No. 120 South Soles -*
10. Father's Birthplace *Acil Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. M. Moseley M.D.*
- Address *McCracken & Calhoun St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6<sup>2</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *14<sup>th</sup> November 1879*
4. Place of Birth (Street and Number) *600 N Carey St.*
5. Full Name of Mother *Kate Randall*
6. Mother's Maiden Name *Washburn*
7. Mother's Birthplace *Pa*
8. Full Name of Father *Wm P Randall*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Pa*
- Name of Medical Attendant, or other Person who makes this Return. *Leff Jones M.D.*
- Address *No 521 W Fayette St. Balt Md*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

55049  
55050



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup> & 4<sup>th</sup> Twins  
 1. Sex (state whether Male or Female) Females  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Novbr 15<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) No 1 Camden Lane  
 5. Full Name of Mother Louisa Koehler  
 6. Mother's Maiden Name " Kries  
 7. Mother's Birthplace Balto Md  
 8. Full Name of Father George Koehler  
 9. Father's Occupation Cigar Maker  
 10. Father's Birthplace Balto Md  
 Name of Medical Attendant, or other Person who makes this Return. E G Overbox M D  
 Address 289 W Fayette St  
 Remarks Ancestus an German

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 15 Nov
4. Place of Birth (Street and Number) Elizabeth O Sullivan
5. Full Name of Mother McCalister
6. Mother's Maiden Name 181 Forrest Place
7. Mother's Birthplace Ireland
8. Full Name of Father Daniel O Sullivan
9. Father's Occupation laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Arnold J. Shriver
- Address No 7 Forrest Place
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15 Nov
4. Place of Birth (Street and Number) Cor Cathedral and Eager
5. Full Name of Mother Mary Smith
6. Mother's Maiden Name Turney
7. Mother's Birthplace Ireland
8. Full Name of Father Henry Smith
9. Father's Occupation Waiter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Arnold J. Schissner
- Address No 7 Yarnest Place
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 5<sup>th</sup> Dec 1879
4. Place of Birth (Street and Number) Baltimore Avenue No 28
5. Full Name of Mother J. Kules
6. Mother's Maiden Name J. Kules
7. Mother's Birthplace Germany
8. Full Name of Father Frank Kules
9. Father's Occupation laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary Hapfisch
- Address 69 Washington St
- Remarks Mary Hapfisch

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 18 November
4. Place of Birth (Street and Number) 43 Pratt St
5. Full Name of Mother Anie Link
6. Mother's Maiden Name Hamburg
7. Mother's Birthplace U S P
8. Full Name of Father John Link
9. Father's Occupation Printer
10. Father's Birthplace U S
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 E. Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Kind*  
 1. Sex (state whether male or female) *Mädchen*  
 2. Race or Color (if not of the white race) *Weiß*  
 3. Date of Birth *geboren 15<sup>ten</sup> November*  
 4. Place of Birth (Street and Number) *N<sup>o</sup> 16<sup>th</sup> S. Carroll Str*  
 5. Full Name of Mother *Julia Müller*  
 6. Mother's Maiden Name *Julia Möller*  
 7. Mother's Birthplace *Deutschland*  
 8. Full Name of Father *Adolf Müller*  
 9. Father's Occupation *Schuhmacher*  
 10. Father's Birthplace *Deutschland*  
 Name of Medical Attendant, or other Person who makes this Return. *Friederike Raupmann*  
 Address *N<sup>o</sup> 127 S. Dallas Str*  
 Remarks *Heim*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35056



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth Nov 18-

4. Place of Birth (Street and Number) 3 jefferson court

5. Full Name of Mother arnie arkins

6. Mother's Maiden Name not married

7. Mother's Birthplace Baltimore

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. miss lea jensen

Address 32 short st

Remarks ~~born at home~~ Perry delicate child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35057



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh (C)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 15<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Asquith near Chase St

5. Full Name of Mother

Elizabeth Bateman

6. Mother's Maiden Name

Robison

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Samuel Bateman

9. Father's Occupation

Printer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Regina A. Winst

Address

178 Stanford Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

36155  
JUN  
24  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth November 15th 1879.
4. Place of Birth (Street and Number) 173 S. Eden St
5. Full Name of Mother Eldynbeth Ruth Zeller
6. Mother's Maiden Name Ruth J.
7. Mother's Birthplace Germany
8. Full Name of Father George Zeller
9. Father's Occupation Turner
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Schumaker
- Address 86 S. Fayette St
- Remarks Natural Salubrity

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35039

NOV  
24  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 10 November
4. Place of Birth (Street and Number) 3 Washington
5. Full Name of Mother Lizzie Miller
6. Mother's Maiden Name Guern
7. Mother's Birthplace Germany
8. Full Name of Father Michael Miller
9. Father's Occupation Cooper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Cooper
- Address 506 Lombard St
- Remarks \_\_\_\_\_



# RETURN OF A BIRTH.

35060

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV  
24  
1879

of Child of Mother (state whether 1st, 2d, 3d, &c.)

4

Sex (state whether Male or Female)

Male

Place or Color (if not of the white race)

Colored

Date of Birth

15 Nov

Place of Birth (Street and Number)

St Burgundies ab  
Sarah of Ellison

Full Name of Mother

Mother's Maiden Name

unmarried

Mother's Birthplace

Baltimore free

Full Name of Father

Emmanuel Hawkins

Father's Occupation

Laborer ananias

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary Richardson

Address

212 Louis Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
 BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether male or female) *Male child*
2. Race or Color (if not of the white race) *White Race*
3. Date of Birth *15 Day of November 1879*
4. Place of Birth (Street and Number) *Baltimore, Md. 1413 Lombard St*
5. Full Name of Mother *Amanda Shea*
6. Mother's Maiden Name *Amanda Roberts*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Amber Shea*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address *No 12 Patterson Park, Dr*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

35112

22  
1879

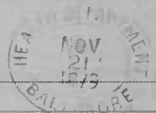
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) W. C. C.
3. Date of Birth Dec 1st 1879
4. Place of Birth (Street and Number) Agate East Co, Calverton St
5. Full Name of Mother Annie Blumhain
6. Mother's Maiden Name Lucie Taint
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Blumhain
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. C. H. H. H. H.
- Address 512 N. 1st St. Baltimore Md
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*

1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 24<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Luzan Aly. N<sup>o</sup> 56.*
5. Full Name of Mother *Elisabetha Schewinger*
6. Mother's Maiden Name *Elisabetha Beck.*
7. Mother's Birthplace *Wendisch W. Preussen. Germany*
8. Full Name of Father *John Schewinger*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Kreuzburg W. Sachsen Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Muller*

Address *N. Dallas St. N<sup>o</sup> 26.*

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35064  
NOV 20 1879  
ONE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Nov. 15<sup>th</sup>, 79
4. Place of Birth (Street and Number) 370 Hanover st
5. Full Name of Mother Louise Gunderman
6. Mother's Maiden Name Kratz
7. Mother's Birthplace Hessentunstedt
8. Full Name of Father David Gunderman
9. Father's Occupation Bailor
10. Father's Birthplace Hessessen
- Name of Medical Attendant, or other Person who makes this Return. Mary Kratz
- Address 328 J. Euter st
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



35063

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Nov. 15. 1849  
 4. Place of Birth (Street and Number) #295 W. Caroline  
 5. Full Name of Mother Eliz. H. Kirk  
 6. Mother's Maiden Name " Clark  
 7. Mother's Birthplace Ireland  
 8. Full Name of Father Jas. P. Kirk  
 9. Father's Occupation Clerk  
 10. Father's Birthplace Middletown Pa.  
 Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.  
 Address #305 W. Caroline  
 Remarks

Return of a Birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35066

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> Child  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Nov-15<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) 630 Lexington St  
 5. Full Name of Mother Elizabeth Helen Eichelberger  
 6. Mother's Maiden Name " " Whately  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father Wm Wirt Eichelberger  
 9. Father's Occupation Clerk in Signal Service - Washington D.C.  
 10. Father's Birthplace Virginia  
 Name of Medical Attendant, or other Person who makes this Return. J. P. Brown M.D.  
 Address 47 Edmondson Ave  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. His or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



35067

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Five

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth November 15, 1879

4. Place of Birth (Street and Number) 308 N. Street St-

5. Full Name of Mother Rahama G. Snyder

6. Mother's Maiden Name Rahama G. Buttra

7. Mother's Birthplace Edgestown Pa

8. Full Name of Father Charles B. Snyder

9. Father's Occupation Traveling Salesman

10. Father's Birthplace Edgestown Pa

Name of Medical Attendant, or other Person who makes this Return. B. H. Hermann

Address 175 W. Carey St-

Remarks \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



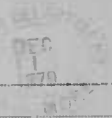
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixteen*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *November 15<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *215 Ramsey St. Balto. City*  
 5. Full Name of Mother *Margaret Creamer*  
 6. Mother's Maiden Name *Margaret Ludly.*  
 7. Mother's Birthplace *Fredricks County Md.*  
 8. Full Name of Father *Jm Creamer*  
 9. Father's Occupation *Labourer B. & O. R. R.*  
 10. Father's Birthplace *Baltimore City.*  
 Name of Medical Attendant, or other Person who makes this Return. *M. J. Leman*  
 Address *435 W. Mc Penny St.*  
 Remarks *Fine Baby*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35069



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *November 15<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *No 26 Bethel St*

5. Full Name of Mother *Jane Jenkins*

6. Mother's Maiden Name *Jane Bishop*

7. Mother's Birthplace *Eastern Shore Maryland*

8. Full Name of Father *Charlie Jenkins*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Susan Morgan Midwife*

Address *47 North Durham St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or ~~female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
Nov 15/74  
No 127 Hollins St.  
Mary E. Wells  
Boyd  
Baltimore Maryland  
Mr B Wells  
Mechanic  
Baltimore Md

A. S. Spencer  
379 W. Lombard St.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

11 Second

State whether Male or Female

Male

or Color (if not of the white race)

of Birth

November 15 1879

of Birth (Street and Number)

117 E. Balt. St

Name of Mother

Rose M. Langdon

er's Maiden Name

" Kahr

er's Birthplace

Evansville Ind.

Name of Father

Philip R. Langdon

er's Occupation

Merchant

er's Birthplace

Bremen Germany

ne of Medical Attendant, or other Person who makes this Return.

ress

181 Madison St

arks

Normal labor; unassisted

menstruation; unassisted; closed

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov. 15<sup>th</sup> 1877
4. Place of Birth, (Street and Number) 116. 47. St. Peter's St.
5. Full Name of Mother Jarah Jane Carey
6. Mother's Maiden Name Jarah Jane Brooks
7. Mother's Birthplace Baltimore, Maryland
8. Full Name of Father Albert J. Carey
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore, Maryland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter
- Address 21st, Poppleton St.
- Remarks St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35073

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Nov 16<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *313 E. Balt st.*  
 5. Full Name of Mother *Mary Isabell Mosher*  
 6. Mother's Maiden Name *Mary Isabella Penhall*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *Chas W. Mosher*  
 9. Father's Occupation *Recorder* *Seller at First National Bank*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return. *John T. Conner M.D.*  
 Address *14 Arisquith st.*  
 Remarks

*Di*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

6 November

4. Place of Birth (Street and Number)

Eastern & President

5. Full Name of Mother

Therese Louise

6. Mother's Maiden Name

Landwehr

7. Mother's Birthplace

Prussia

8. Full Name of Father

Christ Louise

9. Father's Occupation

Bordering and hope

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Para Carter

Address

52 Cornhill St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33075

NOV  
10  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15<sup>th</sup>
1. Sex (state whether male or female) Boi
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 16<sup>th</sup> Nov. 1879
4. Place of Birth (Street and Number) 17 Patterson av
5. Full Name of Mother Rosa E Busch,
6. Mother's Maiden Name " Werthington
7. Mother's Birthplace Balt Co.
8. Full Name of Father Geo. W. Busch,
9. Father's Occupation Bricklayer
10. Father's Birthplace Balt Co.
- Name of Medical Attendant, or other Person who makes this Return. Albert G. Phelps.
- Address 427 W. Fayette st.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. *Date of Birth*

4. *Place of Birth (Street and Number)*

5. *Full Name of Mother*

6. *Mother's Maiden Name*

### 7. *Mother's Birthplace*

8. *Full Name of Father*

### 9. *Father's Occupation*

### 10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

*Address*

Remarks

Novemb<sup>r</sup>. 1799.  
316 Saratoga St  
Elizabeth Mahnsbach,  
Eliza Gumpf  
Bavaria P.-marg.,  
Abraham Mahnsbach,  
Merchant.  
Hans Conrad Kuntz.  
John J. & Mary L. d.  
" " "

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

35077

DEC 2 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child.*

1. Sex (state whether Male or Female) *Female.*

2. Race or Color (if not of the white race) *White.*

3. Date of Birth *10th Dec.*

4. Place of Birth (Street and Number) *364 Cathedral St.*

5. Full Name of Mother *Rebecca Crosby.*

6. Mother's Maiden Name *Coalter.*

7. Mother's Birthplace *Baltimore.*

8. Full Name of Father *Francis S. Crosby.*

9. Father's Occupation *Barman.*

10. Father's Birthplace *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return. *Charles E. Crosby.*

Address *364 Cathedral St.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35078

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

November 16 1879

4. Place of Birth, (Street and Number)

No 426 Orleans St

5. Full Name of Mother

Catharine A. Mc Cardle

6. Mother's Maiden Name

Catharine A. Nelson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph A. Mc Cardle

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Harry et Alwell

Address

284 Mc Donough St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35079

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC  
2  
1879

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) W
3. Date of Birth 16th Nov. 1879
4. Place of Birth (Street and Number) 277 Balt. av
5. Full Name of Mother Mary Anne Rogers
6. Mother's Maiden Name " Myers
7. Mother's Birthplace Ind
8. Full Name of Father Benjamin Rogers
9. Father's Occupation Mariner
10. Father's Birthplace Ind
- Name of Medical Attendant, or other Person who makes this Return. J. H. Webster M. D.
- Address 57 Barre st
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35080

OV  
4  
879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 16 Nov

4. Place of Birth (Street and Number) 141 Front St

5. Full Name of Mother Bridget Dannelly

6. Mother's Maiden Name Freeman

7. Mother's Birthplace Ireland

8. Full Name of Father Ambrose Dannelly

9. Father's Occupation House Trader

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna L. Schinner

Address No 4 Garrett Place

Remarks

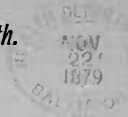
rect Record of Vital Statisties in the City of Baltimore.

That any physician, accouchieur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35081



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 16<sup>th</sup>*
4. Place of Birth (Street and Number) *Columbia street No 149*
5. Full Name of Mother *Emma Jane Volkman*
6. Mother's Maiden Name *Emma Jane Cogswell*
7. Mother's Birthplace *Alexandria Va*
8. Full Name of Father *Henry August Volkman*
9. Father's Occupation *Barber*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Schleifer No 33 Howard st City*
- Address
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
22  
1879

- 35052
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 16th Nov. 79
4. Place of Birth (Street and Number) 95 D. Barkman St.
5. Full Name of Mother Ida Cooper
6. Mother's Maiden Name L. Harrison
7. Mother's Birthplace Balto
8. Full Name of Father Wm. Cooper
9. Father's Occupation Labort
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Mr. Leah Waite
- Address No. 49. D. Barkman St.
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

55083  
JAN 20 1879  
ORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twelfth*  
1. Sex (state whether Male or Female) *White*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *December 16<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *330 Madison St.*  
5. Full Name of Mother *Mary Frances (Cster.)*  
6. Mother's Maiden Name *Mary M. Tracy*  
7. Mother's Birthplace *Land N. Helena*  
8. Full Name of Father *James Z. Easter*  
9. Father's Occupation *Clerkman*  
10. Father's Birthplace *Calvert Co. Md.*  
Name of Medical Attendant, or other Person who makes this return *Nicholas L. Oakesill*  
Address *207 N. Broadway*  
Remarks



**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

SEP 20 1879  
 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*Nov 16 1879*

4. Place of Birth (Street and Number)

*388 East Monument St*

5. Full Name of Mother

*Augusta Entwistle*

6. Mother's Maiden Name

*Augusta Shipper*

7. Mother's Birthplace

*Baltimore Md*

8. Full Name of Father

*George E. Entwistle*

9. Father's Occupation

*Newspaper Reporter*

10. Father's Birthplace

*Alexandria Va*

Name of Medical Attendant, or other Person who makes this Return.

*Stmanda & Marine*

Address

*378 East Monument St*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 16<sup>th</sup> 1874
4. Place of Birth (Street and Number) No. Eldersy St 120
5. Full Name of Mother Beulah Damm
6. Mother's Maiden Name " Hummer
7. Mother's Birthplace Balto
8. Full Name of Father Carved Damm
9. Father's Occupation Sailor
10. Father's Birthplace Bayan
- Name of Medical Attendant, or other Person who makes this Return. Mr. R. M. M.
- Address 418 N. Howard St
- Remarks \_\_\_\_\_

35085



Return of a Birth in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35086

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 18th 1879
4. Place of Birth (Street and Number) 204 S. Poppleton St.
5. Full Name of Mother Elba Grotzman
6. Mother's Maiden Name Jones
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas. M. Grotzman
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Chas. H. Ketch
- Address 206 N. Hollister St.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First - -*
1. Sex (state whether male or female) *Male -*
2. Race or Color (if not of the white race) *White -*
3. Date of Birth *Nov 16<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *475 N Fayette St -*
5. Full Name of Mother *Mary Ellen Geisendaffer -*
6. Mother's Maiden Name *" " Dudley -*
7. Mother's Birthplace *Baltimore -*
8. Full Name of Father *Charles Philip Geisendaffer -*
9. Father's Occupation *Express Driver -*
10. Father's Birthplace *Baltimore -*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Regester M.D.*
- Address *475 N Fayette St Baltimore*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 35057

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth November 16 1879
4. Place of Birth, (Street and Number) 415 Maryland St. Baltimore Md.
5. Full Name of Mother Mary Virginia Helling
6. Mother's Maiden Name " " Loghill
7. Mother's Birthplace Henrico County Va
8. Full Name of Father Joseph F. Helling
9. Father's Occupation Shoe Cutter
10. Father's Birthplace Bucks County Pa
- Name of Medical Attendant, or other Person who makes this Return. Susan Hunter
- Address 21st Bagpeltan St
- Remarks \_\_\_\_\_

recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35089

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth December 18<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) No 374 Gentl's Ave  
 5. Full Name of Mother Louisa Schmidt  
 6. Mother's Maiden Name Louisa Raldis  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father John Schmidt  
 9. Father's Occupation Sailor  
 10. Father's Birthplace German  
 Name of Medical Attendant, or other Person who makes this Return. Dr. H. K. Rogers  
 Address 182 E. Monument  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35090

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Nov. 17th. 1879*

4. Place of Birth (Street and Number) *S. W. Aspinth & Eager Sts*

5. Full Name of Mother *Mary Reinhardt*

6. Mother's Maiden Name *Dittus*

7. Mother's Birthplace *Balts. Pr.*

8. Full Name of Father *John Reinhardt*

9. Father's Occupation *Provision Merchant*

10. Father's Birthplace *Balts. Pr.*

Name of Medical Attendant, or other Person who makes this Return. *W. B. Billingsley*

Address *Harford Ave & Biddle St*

Remarks

Record of Vital Statistics in the City of Baltimore.

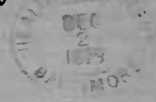
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35091

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov the 17<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 89 Cambridge St
5. Full Name of Mother Mathilde Röszel
6. Mother's Maiden Name " " Oberndörfer
7. Mother's Birthplace Germany
8. Full Name of Father Carl Röszel
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Heaft
- Address 236 Canton ave
- Remarks \_\_\_\_\_

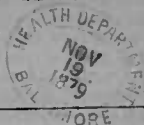


Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth November the 17<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 91 Sarah Ann St.
5. Full Name of Mother Gary Goppiner
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Goppiner
9. Father's Occupation Wheeler
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who "makes" this Return. Ellwy Morris
- Address 184 Mine St
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 35093

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 17th

4. Place of Birth (Street and Number)

St Paul St north of Denmead

5. Full Name of Mother

Fanny Hill

6. Mother's Maiden Name

Quarles

7. Mother's Birthplace

Md

8. Full Name of Father

Wm J. B. Hill

9. Father's Occupation

Lawyer

10. Father's Birthplace

Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

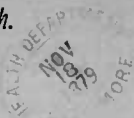
Wm Whiteidge M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35094

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth November 17<sup>th</sup> 1879  
4. Place of Birth (Street and Number) 163 E Baltimore St  
5. Full Name of Mother Mary R Lake  
6. Mother's Maiden Name " " Thompson  
7. Mother's Birthplace Baltimore, Md.  
8. Full Name of Father John Lake  
9. Father's Occupation Undertaker  
10. Father's Birthplace Baltimore, Md.  
Name of Medical Attendant, or other Person who makes this Return. D W Cathell M D  
Address 214 Broadway  
Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35075

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV  
24  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 17 Nov

4. Place of Birth, (Street and Number) 58 Stirling St

5. Full Name of Mother Sophia Johnson

6. Mother's Maiden Name Stevens

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry H Johnson

9. Father's Occupation Cyther Schucker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Arnold T Schisler

Address No 7 Forrest Hall

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35096

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 17 November
4. Place of Birth (Street and Number) 89 President
5. Full Name of Mother Sobiana Antonio
6. Mother's Maiden Name Eynsa
7. Mother's Birthplace Italia
8. Full Name of Father John Antonio
9. Father's Occupation Fruitstand
10. Father's Birthplace Italia
- Name of Medical Attendant, or other Person who makes this Return. Mrs Para Gasper
- Address 82 E Lombard
- Remarks

*Correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35097

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 17 Nov. 1897
4. Place of Birth (Street and Number) 27 Eager St
5. Full Name of Mother Margine Robert
6. Mother's Maiden Name Funk
7. Mother's Birthplace W D
8. Full Name of Father John Robert
9. Father's Occupation carpenter
10. Father's Birthplace W D
- Name of Medical Attendant, or other Person who makes this Return. Mrs Para Casper
- Address 52 E. Leonard
- Remarks \_\_\_\_\_



Vertical Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35098

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 17 November
4. Place of Birth (Street and Number) No. 55 Eastern Ave
5. Full Name of Mother Clara Thielmann
6. Mother's Maiden Name Schoorman
7. Mother's Birthplace Baltimore
8. Full Name of Father Wilhelm Thielmann
9. Father's Occupation Schoemaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No. 70 Granby St.
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35099

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
22  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex (state whether Male or Female) *Boy*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *17th Nov. 79*

4. Place of Birth (Street and Number) *89 Baltimore St*

5. Full Name of Mother *Mary Purnell*

6. Mother's Maiden Name *M. Richardson*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *John Purnell*

9. Father's Occupation *Domestic and Laborer*

10. Father's Birthplace *Burgessville Md*

Name of Medical Attendant, or other Person who makes this Return *Wm Leah Walker*

Address *49. St Paul St*

Remarks



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35100

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *Nov 17<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *16 14 Chestnut St*  
 5. Full Name of Mother *Henrietta Brewington*  
 6. Mother's Maiden Name *Bergfeldt*  
 7. Mother's Birthplace *America*  
 8. Full Name of Father *Robert Brewington*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *America*  
 Name of Medical Attendant, or other Person who makes this Return. *J. Lehwasser midwife*  
 Address *330 Hanover st.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

35701

NOV 20 1879  
OFF

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) White
3. Date of Birth December 17<sup>th</sup> 1879
4. Place of Birth (Street and Number) 68 Chester St
5. Full Name of Mother Mary Louisa Holt
6. Mother's Maiden Name Mary Louisa Taylor
7. Mother's Birthplace Pennsylvania
8. Full Name of Father John Stephen Holt
9. Father's Occupation Pilot
10. Father's Birthplace Baltimore City, Md
- Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell
- Address 207 S. Broadway
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

351021

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 17<sup>th</sup> / 79

4. Place of Birth (Street and Number) 401, Gilman - St

5. Full Name of Mother Susan Warner

6. Mother's Maiden Name Stolt

7. Mother's Birthplace Baltimore

8. Full Name of Father John Warner

9. Father's Occupation Ref. Butcher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Hargis M.D.

Address Ken-Strickland & Prinstown

Remarks

Extract Regulations of the Board of Health - Baltimore City  
**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35103

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 17. 1879*
4. Place of Birth (Street and Number) *129 Chew St.*
5. Full Name of Mother *Ann E. Wheeler*
6. Mother's Maiden Name *" " Crocker*
7. Mother's Birthplace *S. Mary's Co.*
8. Full Name of Father *Geo. W. Wheeler*
9. Father's Occupation *Salesman*
10. Father's Birthplace *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. A. Hartman M.D.*
- Address *\* 305 N. Caroline St.*
- Remarks

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 17th

4. Place of Birth (Street and Number)

No 118 Hughes St

5. Full Name of Mother

Mary Williams

6. Mother's Maiden Name

" Hogles

7. Mother's Birthplace

City

8. Full Name of Father

Luke Williams

9. Father's Occupation

Householder

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. M. Williams

Address

No 118 Hughes St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35705-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 17<sup>th</sup> 1899
4. Place of Birth (Street and Number) Exeter St 15
5. Full Name of Mother Anna Grinnel
6. Mother's Maiden Name Leibbrand
7. Mother's Birthplace Balte Md
8. Full Name of Father George Grinnel
9. Father's Occupation Blacksmith
10. Father's Birthplace Balte
- Name of Medical Attendant, or other Person who makes this Return. Mrs. R. W. W. W.
- Address 48 Hollander St
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchcur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 17th November
4. Place of Birth, (Street and Number) 120 Hollins St
5. Full Name of Mother Mrs Margaret Lister
6. Mother's Maiden Name Margaret Kelly
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Reinhardt Lister
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Lucas Steiner
- Address 21 of Bayview St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 11 1879*
4. Place of Birth (Street and Number) *157 Edmonson Ave*
5. Full Name of Mother *Sallie Taylor*
6. Mother's Maiden Name *Sallie Carson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *D. F. Taylor*
9. Father's Occupation *Merchant*
10. Father's Birthplace *San Francisco Cal.*
- Name of Medical Attendant, or other Person who makes this Return. *G. W. Hittelman*
- Address *121 W. Hollenback St.*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

25108

DEC  
179  
M.D.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 d.

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

W.

3. Date of Birth

November 17<sup>th</sup> 1879.

4. Place of Birth (Street and Number)

Daugh Street. 11<sup>th</sup> 33.

5. Full Name of Mother

Kate Herzberger.

6. Mother's Maiden Name

Kate Schmiller.

7. Mother's Birthplace

Baltimore M.d.

8. Full Name of Father

George Herzberger.

9. Father's Occupation

Baltimore Md.

10. Father's Birthplace

Baltimore Md. Grover & Bruene.

Name of Medical Attendant, or other Person who made this Return

Address

11<sup>th</sup> 17 Battery St.

Remarks

Register of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33109  
JAN 11 1879  
MORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Nov: 17<sup>th</sup>*  
 4. Place of Birth (Street and Number) *211 Front St.*  
 5. Full Name of Mother *Amelia E. Motz*  
 6. Mother's Maiden Name *Amelia E. Halbach*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Rudolph F. Motz*  
 9. Father's Occupation *Stone Cutter*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Felix Sulzner*  
 Address *No. 2 Cathedral St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35710

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 17 1884
4. Place of Birth (Street and Number) 209 Park Ave
5. Full Name of Mother Katie McKean
6. Mother's Maiden Name Katie Bourke
7. Mother's Birthplace England
8. Full Name of Father Harry McKean
9. Father's Occupation Cook
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Lizzie Meserghel
- Address 104 Pennsylvania Ave
- Remarks

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35111

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov 14<sup>th</sup> 1899*

4. Place of Birth (Street and Number) *156 Charles St*

5. Full Name of Mother *Catharine Wood Wedemeyer*

6. Mother's Maiden Name *John Bach*

7. Mother's Birthplace *Kruschew*

8. Full Name of Father *Anton Wedemeyer*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Prussia*

Name of Medical Attendant, or other Person who makes this Return. *Mary Hoch*

Address *228 S. Exchange*

Remarks *Dr. Tall delivered child*

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35112

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 17 of Nov
4. Place of Birth (Street and Number) Bank St 233 Baltimore
5. Full Name of Mother Hallie C ~~Leah~~ Lambdin
6. Mother's Maiden Name Hallie C Taylor
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Lambdin
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Miss Garret
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35113

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
Nov 17 1875  
42 St. Peter St.  
Ella Ewing  
" Sarah  
New York  
Chas. Ewing  
Commission Merchant  
Baltimore Md

A. L. Spencer  
37 W. Lombard St.

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Female  
Nov. 17th 1879  
100 N. Gay St.  
Alice D. Pritchett  
" " Beth.  
Virginia  
George Pritchett  
Clerk.  
New York  
Edward L. Mearns  
137 N. Gay St.

35111

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Mar. 17<sup>th</sup>*

4. Place of Birth (Street and Number) *4 954 E. Baltimore*

5. Full Name of Mother *Audelia Hayley Carter*

6. Mother's Maiden Name *Audelia Hayley*

7. Mother's Birthplace *City*

8. Full Name of Father *Almon Carter*

9. Father's Occupation *Merchant*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this Return. *Chas. Amos M.D.*

Address

Remarks



*Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether ~~male~~ or female) White

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 17<sup>th</sup> 1879

4. Place of Birth (Street and Number) 332 W. Lombard St.

5. Full Name of Mother Emma Scholl

6. Mother's Maiden Name Barr

7. Mother's Birthplace Shannon Ohio

8. Full Name of Father Geo Scholl

9. Father's Occupation Minister

10. Father's Birthplace Wayne Co. Indiana

Name of Medical Attendant, or other Person who makes this Return. A. J. Spradley

Address 374 W. Lombard St.

Remarks

NOV  
26  
1879

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether Male or Female) Boie

2. Race or Color (if not of the white race) White

3. Date of Birth 18. November

4. Place of Birth (Street and Number) 84 O'Connell St

5. Full Name of Mother Anna Hart

6. Mother's Maiden Name Geyer

7. Mother's Birthplace Balto

8. Full Name of Father Geo. B. Hart

9. Father's Occupation

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnes St

Remarks

*Extract Regulations of the Board of Health in Section 7, part one  
rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 35118

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 18<sup>th</sup> 1879

4. Place of Birth (Street and Number)

3992 Madison St

5. Full Name of Mother

Mary Gibson

6. Mother's Maiden Name

Steuer

7. Mother's Birthplace

Baltimore Ind

8. Full Name of Father

Rowland G Gibson

9. Father's Occupation

Police Officer

10. Father's Birthplace

Baltimore Ind

Name of Medical Attendant, or other Person who makes this Return.

D W Catwell M D

Address

2 N Broadway.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec 18th
4. Place of Birth (Street and Number) Baltimore 177 William St
5. Full Name of Mother Anna Elizabeth Clift
6. Mother's Maiden Name " " Kirkwood
7. Mother's Birthplace Baltimore
8. Full Name of Father George Richard Clift
9. Father's Occupation Porter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Canaway
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

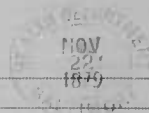
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35121

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18th Nov 1879
4. Place of Birth (Street and Number) 121 Locust Street
5. Full Name of Mother Caroline Striegel
6. Mother's Maiden Name Caroline Kerner
7. Mother's Birthplace Byran Germany
8. Full Name of Father Fred Striegel
9. Father's Occupation Miller
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton
- Address East Ave 121
- Remarks doing well



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
22  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 18th 1879*
4. Place of Birth (Street and Number) *51 N Bond St*
5. Full Name of Mother *Maggie A French*
6. Mother's Maiden Name *Hook*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Frank H French*
9. Father's Occupation *Rail Road Employee*
10. Father's Birthplace *Minnesota*
- Name of Medical Attendant, or other Person who makes this Return. *D W Cuttelle Md*
- Address *2 N Bondway*
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

NOV  
22  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 18th 1879*
4. Place of Birth (Street and Number) *121 Hammerbach's court.*
5. Full Name of Mother *Marie Harchenkahn*
6. Mother's Maiden Name *Wiedler*
7. Mother's Birthplace *America*
8. Full Name of Father *Christian Harchenkahn*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schaeffer midwife*
- Address *330 Hammer st.*
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 15<sup>th</sup> 1874
4. Place of Birth (Street and Number) Monument St 301
5. Full Name of Mother Maggie Meads
6. Mother's Maiden Name Wm Greenwood
7. Mother's Birthplace Balto Md
8. Full Name of Father James J Meads
9. Father's Occupation Telegrapher
10. Father's Birthplace Balto Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Miller
- Address 48 H St and J
- Remarks





Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35724  
DEC  
11  
1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 18th day November 1879
4. Place of Birth, (Street and Number) 38 W. St. between 1st and Constance Sts
5. Full Name of Mother Matteline Ogle
6. Mother's Maiden Name Matteline Altrater
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father Wm James Ogle
9. Father's Occupation ☒ Employed at Calverton Street Yards
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Anna Immler Schuler
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 1-14-55 35125  
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



George Thomas Hancock  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth November 18<sup>th</sup> 1879  
4. Place of Birth (Street and Number) 767 W. Pratt Street  
5. Full Name of Mother Annie Hancock  
6. Mother's Maiden Name Pope  
7. Mother's Birthplace Baltimore  
8. Full Name of Father John T. Hancock  
9. Father's Occupation Upholstering  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. J. Ridgely Hammond, M.D.  
Address N. E. Cor. Calhoun & Hollins Street.  
Remarks Well-formed & healthy

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

33126

NOV  
28  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 18th. 1879

4. Place of Birth (Street and Number)

370. W. Mc Henry St. Balto City

5. Full Name of Mother

Alice Cance  
Alice Deshazer.

6. Mother's Maiden Name

Richmond Va.

7. Mother's Birthplace

8. Full Name of Father

Horton Cance

9. Father's Occupation

Shoe Maker

10. Father's Birthplace

Newcastle Delaware

Name of Medical Attendant, or other Person who makes this Return.

Mr. J. Leman

Address

4 35. W. Mc Henry St.

Remarks

A fine Baby

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

35127

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 18th / 79

4. Place of Birth (Street and Number)

W. Pleasant Alley

5. Full Name of Mother

Lillian P. L. Rowell

6. Mother's Maiden Name

Susan P. L. Rowell

7. Mother's Birthplace

Balto

8. Full Name of Father

John Rowell

9. Father's Occupation

Glue Worker

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary E. Quinn

Address

# 171 P Washington St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33125

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov. 18<sup>th</sup> 1879
4. Place of Birth, (Street and Number) Lexington St. No. 399
5. Full Name of Mother Mary Francis Grimes
6. Mother's Maiden Name Walker
7. Mother's Birthplace Frederick County
8. Full Name of Father Napoleon B. Grimes
9. Father's Occupation Mount Clare Works
10. Father's Birthplace Frederick County
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter
- Address 21st Pappeleton St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

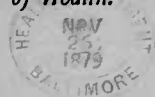
- No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 18/79*
4. Place of Birth (Street and Number) *625 Oregon St.*
5. Full Name of Mother *Sarah Kelly*
6. Mother's Maiden Name *Brink*
7. Mother's Birthplace *Belmont*
8. Full Name of Father *Michael Kelly*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *St. L. Spencer*
- Address *379 W. Lombard St.*
- Remarks \_\_\_\_\_

## Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.  
 1. Sex (state whether Male or Female) Male.  
 2. Race or Color (if not of the white race) Brown.  
 3. Date of Birth Nov. 18, 1879.  
 4. Place of Birth (Street and Number) 106 Raleigh St.  
 5. Full Name of Mother Kate Thornton.  
 6. Mother's Maiden Name Brown.  
 7. Mother's Birthplace Pa.  
 8. Full Name of Father Preston Thornton;  
 9. Father's Occupation Porter.  
 10. Father's Birthplace Pa.  
 Name of Medical Attendant, or other Person who makes this Return. Dr. W. P. Morgan  
 Address 195 Barclay St.  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

357.91

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

NOV  
28  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup> Child*  
 1. Sex (state whether Male or Female) *Female.*  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth *Nov. 18<sup>th</sup> 79.*  
 4. Place of Birth (Street and Number) *298 Light.*  
 5. Full Name of Mother *May E. North.*  
 6. Mother's Maiden Name *" " Maith*  
 7. Mother's Birthplace *Balto. City.*  
 8. Full Name of Father *Thos. L. North.*  
 9. Father's Occupation *Letter Carrier*  
 10. Father's Birthplace *Balto. City.*  
 Name of Medical Attendant, or other Person who makes this return *R. J. H. Tall. M.D.*  
 Address *152 Sharp St.*  
 Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35132

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No 5*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Nov 19 1879*  
 4. Place of Birth (Street and Number) *30 Ething Street*  
 5. Full Name of Mother *Frances Elizabeth Gray*  
 6. Mother's Maiden Name *Frances Elizabeth Jones*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Edward Earl Gray*  
 9. Father's Occupation *Shoe cutter*  
 10. Father's Birthplace *Lynn Massachusetts*  
 Name of Medical Attendant, or other Person who makes this Return. *G. H. Adams*  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35738

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Nov. 19. 1879
4. Place of Birth, (Street and Number) W. Fayette St. No 365
5. Full Name of Mother Margaretha Humlen
6. Mother's Maiden Name Peutsch
7. Mother's Birthplace Hamburg Sachsen
8. Full Name of Father Hermann Humlen
9. Father's Occupation Schneider
10. Father's Birthplace Braunschweig
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. M. M. M. M.
- Address W. Fayette St. No 131
- Remarks M. D. M. D. M. D. M.

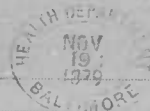
**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

35134

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Nov 19<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *26 Morris St*

5. Full Name of Mother *Isabella Goodwin*

6. Mother's Maiden Name

7. Mother's Birthplace *Balt*

8. Full Name of Father *Lewis H Goodwin*

9. Father's Occupation *waiter*

10. Father's Birthplace *Balt*

Name of Medical Attendant, or other Person who makes this Return. *D<sup>r</sup> W. Winslow*

Address *201 W. Biddle St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35735-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or ~~Color~~ (if not of the white race) *German*  
 3. Date of Birth *November 19<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *Patterson Ave No 89*  
 5. Full Name of Mother *Albertina Schneider*  
 6. Mother's Maiden Name *Albertina von Munchow*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Charles Schneider*  
 9. Father's Occupation *Barber*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *L. S. Spanow M.D.*  
 Address *N. Stricker St. No. 427*  
 Remarks *Child Healthy -*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35136

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

19 November

4. Place of Birth (Street and Number)

10 Watson St

5. Full Name of Mother

Emma Swan

6. Mother's Maiden Name

Schmick

7. Mother's Birthplace

U S

8. Full Name of Father

Thomas Swan

9. Father's Occupation

Plumber

10. Father's Birthplace

U S

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sara Casper

Address

52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35137

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19 December 1879*
4. Place of Birth (Street and Number) *Baltimore City, 413 N. Fremont St*
5. Full Name of Mother *Lincy M S Lutticke*
6. Mother's Maiden Name *Shickler*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Hermann O L Lutticke*
9. Father's Occupation *Barber*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Seebach.*
- Address *No 1204 Pratt St near Fremont St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *19 of November 1879*

4. Place of Birth (Street and Number) *897 Eastern Ave*

5. Full Name of Mother *Matilda Jaeger*

6. Mother's Maiden Name *Matilda Doll*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Seidler*

9. Father's Occupation *Taylor*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Wiley*

Address *No 12 Patterson Park Jr*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38739

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) "
3. Date of Birth 19 November
4. Place of Birth (Street and Number) No 44 Ann Street
5. Full Name of Mother Maggie Lohs
6. Mother's Maiden Name Grav
7. Mother's Birthplace Baltimore
8. Full Name of Father George Lohs
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophie Simon
- Address No 700 Granby Street
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35740

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

November the 19<sup>th</sup>

4. Place of Birth (Street and Number)

Box 146 North Chapple St  
Sarah Simmons

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Corn Bridge Md

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Francis Anderson

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4<sup>th</sup>

Female

White

Nov. 19, 1899

# 299 N. Ann St.

Ad. M. Ringard

Barnes

Barnes

Geo. W. Ringard

Barnes

Barnes

Geo. A. Hartman M.D.

# 305 W. Caroline St.



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC 10 1879  
MORRIS

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Nov 19<sup>th</sup> 1879
4. Place of Birth, (Street and Number) No 74 Camden St
5. Full Name of Mother Sarah Jane Polley
6. Mother's Maiden Name " " Randall
7. Mother's Birthplace Balt. City
8. Full Name of Father Richard G. Polley
9. Father's Occupation Wagon
10. Father's Birthplace Balt. City
- Name of Medical Attendant, or other Person who makes this Return. Dr. George A. Pychman
- Address 1531 E. E. St
- Remarks

rect Record of What Statisticians in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35113

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 *and Ben. H.*

1. Sex (state whether male or female) Both female *2. father*

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec 19 Women 1879

4. Place of Birth (Street and Number) 10 10 Roland Street

5. Full Name of Mother Ann Bander

6. Mother's Maiden Name Ann Bander

7. Mother's Birthplace Gold Hill

8. Full Name of Father John Bander

9. Father's Occupation Miller

10. Father's Birthplace Chesapeake

Name of Medical Attendant, or other Person who makes this Return. Brown

Address William 70 Chesnut St.

Remarks Still born

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 19, 1879

4. Place of Birth (Street and Number)

821 S. High St.

5. Full Name of Mother

Caroline Stuart

6. Mother's Maiden Name

Caroline Better,

7. Mother's Birthplace

Maryland

8. Full Name of Father

Edwin E. Stuart

9. Father's Occupation

Clerk

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. H. Henck M.D.

Address

75 E. Baltimore St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

11th

Male

White

Nov 19th 1879

213 f. Paca st  
Helen Hagen

Mullen

f. Louis (ma).  
George Hagen

Baltimore

Mary Brock

4328 f.

O. Enters f.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *November 14. 1874*
4. Place of Birth (Street and Number) *186 York St*
5. Full Name of Mother *Lenora Debufer*
6. Mother's Maiden Name *Henry Ringrose*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *James Debufer*
9. Father's Occupation *carpenter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *W. A. H. M. Garrett*
- Address *65 South St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

35747

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 19th November
4. Place of Birth (Street and Number) Baltimore Stockton St No 28
5. Full Name of Mother Beta Groser
6. Mother's Maiden Name Beta Groser
7. Mother's Birthplace Germany
8. Full Name of Father Regent Groser
9. Father's Occupation Bricklayer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Midwife Mary Strang
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35148

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *November 19<sup>th</sup> 1879.*

4. Place of Birth (Street and Number) *Rayburn Street No 154*

5. Full Name of Mother *Mary C. Gale*

6. Mother's Maiden Name *Mary C. Jones*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William C. Gale*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Eastern Shore M D*

Name of Medical Attendant, or other Person who makes this Return. *Charles Jones*

Address *No 67 Welcome Alley*

Remarks

# RETURN OF A BIRTH.

35149

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

NOV  
23  
1879

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Male

Sex (state whether Male or Female)

Race or Color (if not of the white race)

Date of Birth

19th November 1879

Place of Birth (Street and Number)

42 Townsend St

Full Name of Mother

Mary Grundy Murray

Mother's Maiden Name

Mary G Gibson

Mother's Birthplace

Baltimore

Full Name of Father

Clapham Murray

Father's Occupation

Asst Cashier City Collector's Office

Father's Birthplace

West River Anne Arundel Co Maryland

Name of Medical Attendant, or other Person who makes this Return.

W. J. W. & Co

Address

181 Madison St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or aid, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov. 20<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *1419 Cross St*

5. Full Name of Mother *Johanne Truesdell*

6. Mother's Maiden Name *Israel*

7. Mother's Birthplace *Hannover Germany*

8. Full Name of Father *Jacob Truesdell*

9. Father's Occupation *Box maker*

10. Father's Birthplace *Frankfort Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary Israel*

Address *328. f. Eastern St*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 38131

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Thursday Nov. 20<sup>th</sup>
4. Place of Birth, (Street and Number) 972 Schroeder St
5. Full Name of Mother Eliza Willis
6. Mother's Maiden Name Eliza Parker
7. Mother's Birthplace Baltimore
8. Full Name of Father Eugene Willis
9. Father's Occupation Fireman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lucy H. Hester
- Address 214 Poppleton St
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *26 November 1874*
4. Place of Birth (Street and Number) *29 Church St*
5. Full Name of Mother *Mary Carson*
6. Mother's Maiden Name *Andrew Stockman*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Benjamin Carson*
9. Father's Occupation *store maker*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *67 Church St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 24, 1879*
4. Place of Birth (Street and Number) *323 Nandgee St*
5. Full Name of Mother *Jennie Wolfie*
6. Mother's Maiden Name *Jennie Boneman*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Louis C. Wolfie*
9. Father's Occupation *Bottle Beer Driver*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M D*
- Address *146 Nanner St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

357511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother* NOV 26 1907
1. Sex (state whether male or female) *female Child*
2. Race or Color (if not of the white race) *Colored Race*
3. Date of Birth *November the 21. 1878*
4. Place of Birth (Street and Number) *176 Mulikin St Baltimore and*
5. Full Name of Mother *Martha Butler*
6. Mother's Maiden Name *Martha Carter*
7. Mother's Birthplace *Washington D C*
8. Full Name of Father *Daniel Butler*
9. Father's Occupation *gethern Eagles*
10. Father's Birthplace *Washington*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woolford*
- Address *13103 regester St Baltimore md*
- Remarks

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

NCV  
26  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *November 26th 1877*

4. Place of Birth (Street and Number) *No. 45 E. Fayette*

5. Full Name of Mother *Esther Salatt*

6. Mother's Maiden Name *Kiegelstein*

7. Mother's Birthplace *Russia*

8. Full Name of Father *Joseph Salatt*

9. Father's Occupation *Pecker*

10. Father's Birthplace *Russia*

Name of Medical Attendant, or other Person who makes this return *Mrs. C. Bernstein.*

Address *113 E. Lombard Str.*

Remarks



**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

7.  
Male  
White  
Nov. 28<sup>th</sup> 1879  
Baltimore  
Julia Garlie  
Doi.  
Baltimore  
Casper Garlie  
Shoe-keeper  
Baltimore  
Nov. 6  
Whitchell  
No. 140 Ramsey St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35157



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 20th 1879
4. Place of Birth (Street and Number) 297 Angell St.
5. Full Name of Mother Eliza Belabough
6. Mother's Maiden Name Hasty
7. Mother's Birthplace Philadelphia Pa.
8. Full Name of Father William F. Belabough
9. Father's Occupation Painter
10. Father's Birthplace Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin M. D.  
Address 152 Grand St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchleur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35758

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 20<sup>th</sup> 79

4. Place of Birth (Street and Number)

Hanover St

5. Full Name of Mother

Hennetta Krecan

6. Mother's Maiden Name

Hennetta Barkman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Richard Krecan

9. Father's Occupation

Confectioner

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. F. Woulfe Jr

Address

No 203 W Lombard

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

HEALTH DEPT  
DEC 2 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Nov. 20. 1879

Q. Lombard St. No 239

Philippine Schmidt

Steenbach

Kunthessen

Friedrich Schmidt

Banker

Hessen Darmstadt

Wm. Joh. Proppach

S. W. 1st St. No 11

Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35160

DEC  
3  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3-nd*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *20th May 1879*
4. Place of Birth (Street and Number) *Baltimore Durham st 20F*
5. Full Name of Mother *Katherine*
6. Mother's Maiden Name *Kate. Litch*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John J. Keckha*
9. Father's Occupation *Carpenier*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Keckha*
- Address *64 Washington St*
- Remarks *Mary Keckha*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

35761

DEC  
2  
1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 2 11th May
4. Place of Birth (Street and Number) 16 Wells Road
5. Full Name of Mother Mary Miller
6. Mother's Maiden Name Prattman
7. Mother's Birthplace Prattman
8. Full Name of Father Charles Miller
9. Father's Occupation Prattman
10. Father's Birthplace Prattman
- Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby
- Address 662 Cathedral St.
- Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35762



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 20th 1879

4. Place of Birth (Street and Number)

121 S Register str

5. Full Name of Mother

Mary E Taylor

6. Mother's Maiden Name

" E Salterhoff

7. Mother's Birthplace

City

8. Full Name of Father

James Taylor

9. Father's Occupation

Police

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bety

Address

245 Canton Ave

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

25163

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 20, 1879

4. Place of Birth (Street and Number)

2487 William

5. Full Name of Mother

E. J. Price

6. Mother's Maiden Name

E. J. Reimig

7. Mother's Birthplace

Balto

8. Full Name of Father

Peter J. Price

9. Father's Occupation

Engineer

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ann Nash

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

351611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 26 of November 1899  
 4. Place of Birth (Street and Number) 452 East Monument Street  
 5. Full Name of Mother Elisabetha Jann  
 6. Mother's Maiden Name Elisabetha Marsh  
 7. Mother's Birthplace Germany  
 8. Full Name of Father Ernst Marsh  
 9. Father's Occupation Butcher  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel  
 Address 71 North Chapel Street per Justina Kunkel  
 Remarks Healthy.

# RETURN OF A BIRTH,

35765

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED  
24  
1879  
BAL. MORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th  
Sex (state whether male or female) female  
Race or Color, (if not of the white race) white race  
Date of Birth Nov 2nd 1879  
Place of Birth, (Street and Number) Baltimore Fort Ave No 25  
Full Name of Mother Mary Ann Mold  
Mother's Maiden Name Mary Sterling  
Mother's Birthplace Baltimore  
Full Name of Father Richard Annold  
Father's Occupation Stone Cutter  
Father's Birthplace Germany  
Name of Medical Attendant, or other Person who makes this Return. Edw. Schick of Baltimore  
Address Fort Ave No 25  
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35166

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *20<sup>th</sup> Nov. 79.*
4. Place of Birth (Street and Number) *15 Herring St.*
5. Full Name of Mother *Louisa Childs Jones*
6. Mother's Maiden Name *Louisa Cornville*
7. Mother's Birthplace *Balt. Md.*
8. Full Name of Father *Henry Childs Saml. Jones*
9. Father's Occupation *Laborer*
10. Father's Birthplace *St. Marys Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. L. M. M.*
- Address *49 St. Albans St.*
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35167

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2  
 1. Sex (state whether Male or Female) Girl  
 2. Race or Color (if not of the white race) Blk.  
 3. Date of Birth Nov. 20<sup>th</sup>  
 4. Place of Birth (Street and Number) Pine 141  
 5. Full Name of Mother Elm Middleton  
 6. Mother's Maiden Name " Griffith  
 7. Mother's Birthplace Md.  
 8. Full Name of Father John Middleton  
 9. Father's Occupation Driver  
 10. Father's Birthplace Md.  
 Name of Medical Attendant, or other Person who makes this Return. Midwife  
 Address 145 - Pine St  
 Remarks Mrs. Elm Middleton

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35768  
NOV 22 1879  
BALTIMORE

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Nov. 21. 1879  
J. H. Hollins Jr.  
Emma M. Vase  
Emma M. Vase  
Harrison Co., Illinois  
George M. Vase  
Coffee Roasting  
Baltimore City  
John J. R. May Jr.  
City.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 20th. 1879.
4. Place of Birth (Street and Number) No. 262. Monument St.
5. Full Name of Mother Maria Anna Gerling.
6. Mother's Maiden Name " " Gerling
7. Mother's Birthplace Baltimore.
8. Full Name of Father William Gerling
9. Father's Occupation Engineer, Passenger & Railroad Boat.
10. Father's Birthplace Hannover, Germany.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. J. P. With
- Address No. 185 S. E. cor. Kenton w. & Monument St.
- Remarks \$22. Will.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35170

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 21st
4. Place of Birth (Street and Number) 120 Forest St
5. Full Name of Mother Virginia Rhinehardt
6. Mother's Maiden Name Witzel
7. Mother's Birthplace Baltimore
8. Full Name of Father John Rhinehardt
9. Father's Occupation Sailor
10. Father's Birthplace Hessendamm Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mary Koch
- Address 1528 S. Eutan St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5)
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Four A.M. 21<sup>st</sup> November 1879
4. Place of Birth, (Street and Number) 510 W. Lombard St
5. Full Name of Mother Maggie A. Ruckle
6. Mother's Maiden Name Maggie A. Rogers
7. Mother's Birthplace Frederick Co. Virginia
8. Full Name of Father Oliver P. Ruckle
9. Father's Occupation Salesman
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Surgeon Shumaker
- Address 214 Bayreuther St
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth November 27 1879

4. Place of Birth, (Street and Number) No. 200 E. Lombard St

5. Full Name of Mother Mrs. Haraguth Horsey

6. Mother's Maiden Name " " " " Wells

7. Mother's Birthplace Baltimore

8. Full Name of Father Samuel Horsey

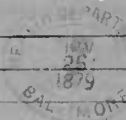
9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other person who makes this return. Mrs. Gostyke

Address No. 25 S. Bond St

Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children:

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

26173

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *March 21 1874*
4. Place of Birth (Street and Number) *20 Fountain St*
5. Full Name of Mother *Barbery Hartless*
6. Mother's Maiden Name *Barbery Bonars*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *Thomas Hartless*
9. Father's Occupation *car maker*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ansgar*
- Address *67 Buck St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

25174

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Nov. 21, 21/79*

4. Place of Birth (Street and Number) *93 N. Egle St.*

5. Full Name of Mother *Minnie A. Mayers.*

6. Mother's Maiden Name *" Laing*

7. Mother's Birthplace *England*

8. Full Name of Father *Lewis Mayers*

9. Father's Occupation *Cider*

10. Father's Birthplace *England*

Name of Medical Attendant, or other Person who makes this Return. *Edward P. M. S. Wells*

Address *137 N. Egle St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*  
 1. Sex (state whether Male or Female) *female*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *Nov 21 1879*  
 4. Place of Birth (Street and Number) *No 2 Broth st*  
 5. Full Name of Mother *Lettie Davis*  
 6. Mother's Maiden Name *Lettie Perkins*  
 7. Mother's Birthplace *Colbert Co*  
 8. Full Name of Father *Abraham Davis*  
 9. Father's Occupation *Colbert Co*  
 10. Father's Birthplace *Laborer*  
 Name of Medical Attendant, or other Person who makes this Return. *Abelot Wright*  
 Address *No 10 Carlton st*  
 Remarks

35775

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
26  
1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 21st

4. Place of Birth (Street and Number)

S.E. cor William and Montgomery st

5. Full Name of Mother

J. Elenora Mullin

6. Mother's Maiden Name

Adams

7. Mother's Birthplace

B. City

8. Full Name of Father

Joseph Mullin

9. Father's Occupation

Laborer

10. Father's Birthplace

W. Va.

Name of Medical Attendant, or other Person who makes this Return.

W. H. P. Ellis

Address

513 - Light St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33777

NOV  
23  
1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 21<sup>st</sup> 1899

4. Place of Birth (Street and Number)

Baltimore, Bartlett St. N. 20

5. Full Name of Mother

Isabel Taylor

6. Mother's Maiden Name

Redhead

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Taylor

9. Father's Occupation

Shoe maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. C. Mitchell

Address

N. 140 Ramsey St

Remarks

# RETURN OF A BIRTH.

35178

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

Statistics in the City of Baltimore  
1 of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> child  
2 (state whether Male or Female)  
3 Race or Color (if not of the white race)  
4 Date of Birth Nov. 21, 1879  
5 Place of Birth (Street and Number) 147 Laverne St.  
6 Name of Mother Hanny Dubany Simonson  
7 Mother's Maiden Name "  
8 Mother's Birthplace Paris, France of Virginia Parents  
9 Full Name of Father John Southgate Simonson  
10 Father's Occupation Atty at Law  
11 Father's Birthplace Baltimore Md  
12 Name of Medical Attendant, or other Person who makes this Return. Dr. T. H. Howard  
13 Address 181 Madison St.  
14 Remarks Quick & natural labor

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*  
*Male.*

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth *Nov. 22<sup>nd</sup> 1879.*

4. Place of Birth (Street and Number) *143. W. Madison St.*

5. Full Name of Mother *Mary Stehl.*

6. Mother's Maiden Name *" Reigart*

7. Mother's Birthplace *Balto. City*

8. Full Name of Father *Bernard. S. Stehl.*

9. Father's Occupation *Tobacco-merchant*

10. Father's Birthplace *Balto. City*

Name of Medical Attendant, or other Person who makes this return *R. J. N. Tall. 2d*

Address *152. S. Sharp St.*

Remarks \_\_\_\_\_



That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35750

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth Dec 21st
4. Place of Birth, (Street and Number) Baltimore 399 Chambers
5. Full Name of Mother Georgiana Crocker
6. Mother's Maiden Name Wilkins
7. Mother's Birthplace Kent Island
8. Full Name of Father Andy Crocker
9. Father's Occupation Carpenter
10. Father's Birthplace West River
- Name of Medical Attendant, or other Person who makes this Return. Annie Wilkins
- Address 399 Chambers
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35181

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Nov. 21. 1879*  
 4. Place of Birth (Street and Number) *307 Laureate St.*  
 5. Full Name of Mother *Annie Landin*  
 6. Mother's Maiden Name *Webb.*  
 7. Mother's Birthplace *Baltimore City.*  
 8. Full Name of Father *Thos A. Landin*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *Baltimore City.*  
 Name of Medical Attendant, or other Person who makes this Return. *W.E. Moore M.D.*  
 Address *24 P N. Eutaw St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *E. J. Gill*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Jan 21 st - 1879*
4. Place of Birth (Street and Number) *No. 171 Charles st*
5. Full Name of Mother *Elisabeth Weber*
6. Mother's Maiden Name *Elger*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Heinrich Weber*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schweser midwife*
- Address *330 Hanover st.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV  
2  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *had*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *color*
3. Date of Birth *Nov 21, 1879*
4. Place of Birth (Street and Number) *Montgomery 300 Balto*
5. Full Name of Mother *Mary Floyed*
6. Mother's Maiden Name *Mary Chandler*
7. Mother's Birthplace *Eastern Shore Virginia*
8. Full Name of Father *Thomas Floyed*
9. Father's Occupation *Wagner*
10. Father's Birthplace *Eastern Shore Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Rivers*
- Address *C. Goodhall Leadenhall St*
- Remarks *Time remarkably well*

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th Child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 21st

4. Place of Birth (Street and Number)

no 223 Hamburg St

5. Full Name of Mother

Elvira Banker

6. Mother's Maiden Name

Elvira Parfess

7. Mother's Birthplace

acamarva

8. Full Name of Father

John Banker

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Lydia Potter

Address

no 4 Parfess Court

Remarks

Healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35785

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d; &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 21<sup>st</sup> 1879
4. Place of Birth, (Street and Number) 302 Canton ave
5. Full Name of Mother Lora Cross
6. Mother's Maiden Name " " Philipps
7. Mother's Birthplace Baltimore
8. Full Name of Father William Cross
9. Father's Occupation Captain
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft
- Address 236 Canton ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33186  
DEC 2 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.
- Sex (state whether male or female) male
- Race or Color (if not of the white race) white
- Date of Birth Nov. 21 1879
- Place of Birth (Street and Number) 351 E. Euter St.
- Full Name of Mother Yvrose Brecker
- Mother's Maiden Name gh. Tetel
- Mother's Birthplace Baltimore
- Full Name of Father Franz Brecker
- Father's Occupation Tailor
- Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 W. Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33157

DEC 7 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 21st 1879

4. Place of Birth (Street and Number)

308 Canyon Ave

5. Full Name of Mother

Louisa Heinbuch

6. Mother's Maiden Name

" Guenther

7. Mother's Birthplace

Germany

8. Full Name of Father

Thomas Heinbuch

9. Father's Occupation

Cooper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Ratz

Address

245 Canal St

Remarks



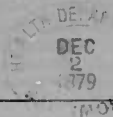
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36188

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth November 21-79

4. Place of Birth, (Street and Number) No 280 W. Long St

5. Full Name of Mother Alice Washburn

6. Mother's Maiden Name Alice Williams

7. Mother's Birthplace Boston

8. Full Name of Father Nicholas Washburn

9. Father's Occupation Iron Moulder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary St Albans

Address 286 W Long St

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35789

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Male



1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

November 21 1877

4. Place of Birth, (Street and Number)

No. 225 E Monument St

5. Full Name of Mother

Elizabeth V. Murphy

6. Mother's Maiden Name

Elizabeth V. Elliott

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James M. Murphy

9. Father's Occupation

Printer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Ellwell

Address

286 N. Conyngham St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32191

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 21 November
4. Place of Birth (Street and Number) 184 Eastern Ave
5. Full Name of Mother Emie Birch
6. Mother's Maiden Name Riefner
7. Mother's Birthplace W D
8. Full Name of Father Peter Koch
9. Father's Occupation confectioner
10. Father's Birthplace W D
- Name of Medical Attendant, or other Person who makes this Return. Mrs Para Casper
- Address 82 E Lombard
- Remarks \_\_\_\_\_

NOV  
24  
1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35192

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *21 November*
4. Place of Birth (Street and Number) *15 May St*
5. Full Name of Mother *Maria McIntosh*
6. Mother's Maiden Name *Günther*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Frank McIntosh*
9. Father's Occupation *Taylor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Para Barker*
- Address *526. Leonard St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

351911

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 Child*
- Sex (state whether male or female) *Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *21 of Nov. 1879*
- Place of Birth (Street and Number) *407 Eastern Av*
- Full Name of Mother *Blanch Hartlove*
- Mother's Maiden Name *Marguerite*
- Mother's Birthplace *Baltimore County*
- Full Name of Father *John Hartlove*
- Father's Occupation *Norman of an oyster house*
- Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*
- Address *No 12 Patterson Park St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

35795

DEC 17 1874

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 21<sup>st</sup> 1874
4. Place of Birth (Street and Number) Hammond St 29
5. Full Name of Mother Annie Otto
6. Mother's Maiden Name Baush
7. Mother's Birthplace Paderborn Germany
8. Full Name of Father Oscar Otto
9. Father's Occupation Driver
10. Father's Birthplace Wegarten MS
- Name of Medical Attendant, or other Person who makes this Return. Mrs. P. Allen
- Address 48 Hall and St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

35196



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth May 21st 1874
4. Place of Birth (Street and Number) Bay St 136
5. Full Name of Mother Elsie Eckhart
6. Mother's Maiden Name " Hildebrand
7. Mother's Birthplace Prussia
8. Full Name of Father William Eckhart
9. Father's Occupation Laborer
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Utley
- Address 48 Hollands St
- Remarks



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth *November 21<sup>st</sup> 1879*
4. Place of Birth, (Street and Number) *705 West Fayette*
5. Full Name of Mother *Agnes Mary Cooney*
6. Mother's Maiden Name *Holton*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *William John Thomas Cooney*
9. Father's Occupation *Composer*
10. Father's Birthplace *Hancock, Ind.*
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address *Mrs Anna Lumber 60 Schroter*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33798



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Second*

1. Sex (state whether Male or Female).... *Male*

2. Race or Color (if not of the white race).... *White*

3. Date of Birth.... *No 21<sup>st</sup> 1879-*

4. Place of Birth (Street and Number).... *21 M<sup>rs</sup> Leary Ct.*

5. Full Name of Mother.... *Annie Cunningham*

6. Mother's Maiden Name.... *Annie Roney*

7. Mother's Birthplace.... *Ireland*

8. Full Name of Father.... *Joseph Cunningham*

9. Father's Occupation.... *Labourer*

10. Father's Birthplace.... *Ireland*

Name of Medical Attendant, or other Person who makes this Return.... *Silas W. Hendricks M.D.*

Address.... *36. Green Mt Ave*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38199

To the Office of Registrar of Vital Statistics, Board of Health.

Name of child: **BALTIMORE CITY.**  
*Herbert Tucker*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks



*14<sup>th</sup>*  
*Male*  
*White*  
*November 21, 1879*  
*83 S. Eden St.*  
*Hester Ann Tucker.*  
*Hester Ann Jones.*  
*Maryland.*  
*George H. Tucker*  
*Salesman.*  
*Maryland.*  
*J. M. Houchard, D.*  
*75 E. Baltimore St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33200

To the Office of Registrar of Vital Statistics, Board of Health.

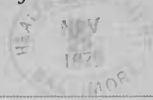
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Nov 22, 79 \_\_\_\_\_
4. Place of Birth (Street and Number) 210 Lemon St \_\_\_\_\_
5. Full Name of Mother Margaret McCallister \_\_\_\_\_
6. Mother's Maiden Name Anderson \_\_\_\_\_
7. Mother's Birthplace Ireland \_\_\_\_\_
8. Full Name of Father John McCallister \_\_\_\_\_
9. Father's Occupation Laborer \_\_\_\_\_
10. Father's Birthplace Ireland \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address 210 Lemon St \_\_\_\_\_
- Remarks Infant \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) wht

3. Date of Birth 22 Nov. 1879

4. Place of Birth (Street and Number) 55 down st

5. Full Name of Mother Rebecca A Kone

6. Mother's Maiden Name " Skiffen

7. Mother's Birthplace md.

8. Full Name of Father Geo. Kone

9. Father's Occupation grocer

10. Father's Birthplace Wisconsin

Name of Medical Attendant, or other Person who makes this Return. Edmund Samuels

Address 129 W. Medall St

Remarks Eight months gestation child strong & doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, with in six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35202

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 22<sup>d</sup> day of November 1879

4. Place of Birth (Street and Number) Jackson Square No 31

5. Full Name of Mother Matilda Reuter

6. Mother's Maiden Name Matilda Heff

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Reuter

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Fred. Heff, M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 22<sup>nd</sup> 1879*
4. Place of Birth (Street and Number) *70 Hamburg St*
5. Full Name of Mother *Mary E. Hopman*
6. Mother's Maiden Name *Mary E. Kelly*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Wm. C. Hamlin*
9. Father's Occupation *Fish Dealer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cook Jr*
- Address *146 N. Hanover St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35204

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth May 22

4. Place of Birth (Street and Number) 9 painters court

5. Full Name of Mother Ellen Ches

6. Mother's Maiden Name Ellen Thomas

7. Mother's Birthplace Baltimore old

8. Full Name of Father James Thomas

9. Father's Occupation labor

10. Father's Birthplace talbert co ind

Name of Medical Attendant, or other Person who makes this Return. Wesley Johnson

Address 32 short st

Remarks Healthy child



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35205

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth November 29<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) Baltimore Light St No 222  
 5. Full Name of Mother Mrs Anna Saurhoff  
 6. Mother's Maiden Name Dover  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Henry Saurhoff  
 9. Father's Occupation Can Maker  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Scarborough  
 Address No 220 Montgomery St  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

25306

DEC 1 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *W.*

3. Date of Birth *November 22<sup>nd</sup> 1879*

4. Place of Birth (Street and Number) *Gettys Street No 26*

5. Full Name of Mother *Isabell Linkelmann*

6. Mother's Maiden Name *Isabell Loh*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *Henry Linkelmann*

9. Father's Occupation *Home cutter*

10. Father's Birthplace *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Theod. Baume*

Address *No 114 Calver St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35207

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / 11
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 22 Mar 1879
4. Place of Birth (Street and Number) 33 ... St. 183.35 S. Howard St
5. Full Name of Mother Mary Bloom Mary A. Bloom
6. Mother's Maiden Name Mary A. Bloom
7. Mother's Birthplace Accomac Co. Va.
8. Full Name of Father Edmon. Horkens
9. Father's Occupation Making
10. Father's Birthplace Balt & Cit Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm. E. H. Sticks
- Address # 47 Little Sharpe St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35208

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
29  
1879  
Baltimore

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 22 1879
4. Place of Birth (Street and Number) Hamburg st N
5. Full Name of Mother Elizabeth Hines
6. Mother's Maiden Name Elizabeth Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Hines
9. Father's Occupation Stonekeeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson
- Address No 10 Abys st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 22<sup>nd</sup> 1879
4. Place of Birth (Street and Number) White Court (Near Smith) St.
5. Full Name of Mother Julia Schoeniger
6. Mother's Maiden Name Julia Reizman
7. Mother's Birthplace Dresden Koenigsberg Saxony
8. Full Name of Father Edward Schoeniger
9. Father's Occupation Taylor
10. Father's Birthplace Peltwitz Koenigsberg Saxony
- Name of Medical Attendant, or other Person who makes this Return. H. Gersdenberger
- Address
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st Child  
Male

Nov 22nd 1878

No 381 Charles St

Lizzie Poppler

Hoeflich

America

Louis Poppler

Cook

Germany

J. Schpasser Midwife

330 Hanover St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

35277

NOV  
28  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child 1878
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth November 22nd
4. Place of Birth (Street and Number) 222 handover St.
5. Full Name of Mother emma. Carlington
6. Mother's Maiden Name emma Sullivan
7. Mother's Birthplace acamack county va
8. Full Name of Father Lawrence Carlington
9. Father's Occupation sailor
10. Father's Birthplace greenlin county va
- Name of Medical Attendant, or other Person who makes this Return. Mrs Lydia Porter
- Address no 4 patisco avenue
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

35212



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Color
3. Date of Birth December 22-1899
4. Place of Birth (Street and Number) West 2. Pleasantly
5. Full Name of Mother Georgia Anne T. Butler
6. Mother's Maiden Name Georgia Anne T. Butler
7. Mother's Birthplace 8. 1800 45 Locks County Va
8. Full Name of Father Albert Butler
9. Father's Occupation Laboring
10. Father's Birthplace Charles City County Va
- Name of Medical Attendant, or other Person who makes this return Dr. C. E. H. Jones
- Address 1101 Spring Garden St
- Remarks X



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

25213

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No 10*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 22. 1879*
4. Place of Birth (Street and Number) *No 242 Druid Hill Ave*
5. Full Name of Mother *Magdeline Albert*
6. Mother's Maiden Name *Magdeline Meisel*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Francis Anthony Albert*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *G. J. Adams*
- Address
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

35914  
DEC 3 1879  
BALTIMORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *(3<sup>d</sup>)*
1. Sex (state whether Male or Female) *male.*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Nov. 22<sup>d</sup> 1879*
4. Place of Birth (Street and Number) *St Paul & Eager*
5. Full Name of Mother *Mary Ridgely Howard*
6. Mother's Maiden Name *Mary Ridgely*
7. Mother's Birthplace *Balto*
8. Full Name of Father *William R. Howard*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. Chatard, Jr.*
- Address *114 Park Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35275

DEC  
27  
1875  
MO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *22nd Nov.*

4. Place of Birth (Street and Number) *303 Cathedral St.*

5. Full Name of Mother *Lena Ann*

6. Mother's Maiden Name *Lytle*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Henry Ann*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Illinois*

Name of Medical Attendant, or other Person who makes this Return. *Charles E. Costly*

Address *304 Cathedral St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *22nd of November, 1879*
4. Place of Birth (Street and Number) *114 North Washington street,*
5. Full Name of Mother *Salie Grace*
6. Mother's Maiden Name *Salie Scherman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George W. Scherman*
9. Father's Occupation *Laborman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Ernest H. Kunkel*
- Address *71 North Chapple street for Justina Kunkel*
- Remarks *Healthy*

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth November 22, - 1879 -
4. Place of Birth, (Street and Number) 380. W. Lammale St.
5. Full Name of Mother Maria Simona de Prado
6. Mother's Maiden Name Maria Simona Fernandez
7. Mother's Birthplace Jennedies (Cuba)
8. Full Name of Father Philip del Prado
9. Father's Occupation Sugar Planter
10. Father's Birthplace Havana (Cuba)
- Name of Medical Attendant, or other Person who makes this Return. Diego M. Echেমendia, M.D.
- Address \_\_\_\_\_
- Remarks The child was born in perfect state of health  
Diego M. Echেমendia

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex (state whether male or female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *22 of November*
4. Place of Birth (Street and Number) *146 Battery Avenue.*
5. Full Name of Mother *Mrs. Wm. M. Gressitt.*
6. Mother's Maiden Name *Eliza Jane Irwin.*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *William Muse Gressitt.*
9. Father's Occupation *Farmer.*
10. Father's Birthplace *Urbanna Middlesex Co. Va.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Conway.*
- Address *131 Battery Avenue.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth November 22<sup>d</sup>. 1879.  
4. Place of Birth (Street and Number) No 144 Ches. St.  
5. Full Name of Mother Bigie Mack  
6. Mother's Maiden Name Bigie Silver  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Robert Mack  
9. Father's Occupation Traylor  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Wm. M. F. Bull.  
Address No. 185 N. E. cor. of Centre & E. 1<sup>st</sup> Government St.  
Remarks All Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Apr 23rd 79*
4. Place of Birth (Street and Number) *193 Maple Ave*
5. Full Name of Mother *Louisa C. Whitehouse*
6. Mother's Maiden Name *Louisa C. Snyder*
7. Mother's Birthplace *Ida*
8. Full Name of Father *James Whitehouse*
9. Father's Occupation *Inspector, Custom House*
10. Father's Birthplace *Ida*
- Name of Medical Attendant, or other Person who makes this Return. *J. Keller M.D.*
- Address *87 St. Greene St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar inforenoon, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

35921  
7th  
Male  
Nov. 28/99  
136 N. High St.  
Bridge Dept  
" Lanny  
Ireland  
James Dept  
Caretaker  
Ireland  
Edward P. McDowell  
157 N. E. St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
25  
1899  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) color black.
3. Date of Birth 23 Nov. 1899
4. Place of Birth (Street and Number) 238 N. Eutaw residence of Mr. H. H. Conley
5. Full Name of Mother Anna Maddox
6. Mother's Maiden Name " "
7. Mother's Birthplace Ind.
8. Full Name of Father Samuel Adams
9. Father's Occupation " "
10. Father's Birthplace " "
- Name of Medical Attendant, or other Person who makes this Return. Glenn T. Humphreys
- Address 179 W. Middle St.
- Remarks child is illegitimate.  
Humphreys

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35223

NOV  
26  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth may 23
4. Place of Birth (Street and Number) 24 short st
5. Full Name of Mother Mary Mitchell not married
6. Mother's Maiden Name Baltimore md
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. med less Johnson
- Address 38 short st
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

253214  
RECEIVED  
NOV 25 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) calard
3. Date of Birth mar 23
4. Place of Birth (Street and Number) 53 short st
5. Full Name of Mother annie gatewood
6. Mother's Maiden Name annie jackson
7. Mother's Birthplace dorchester co md
8. Full Name of Father anderson gatewood
9. Father's Occupation laborer
10. Father's Birthplace virginia
- Name of Medical Attendant, or other Person who makes this Return. messrs jackson
- Address no 32 short st
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35225

Nov  
23  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 23<sup>rd</sup> 1879

4. Place of Birth (Street and Number) Baltimore Cedar St. No. 42

5. Full Name of Mother Ida Connelly

6. Mother's Maiden Name Jones

7. Mother's Birthplace Baltimore

8. Full Name of Father Andrew Connelly

9. Father's Occupation Boatman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. S. Mitchell

Address No. 140 Ramsey St

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
23  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other maker

Address

Remarks

2<sup>nd</sup>  
Female  
White  
23<sup>rd</sup> of Nov/1879.  
323<sup>rd</sup> Central St  
Margaretha Fennthal  
Margaretha Fennthal  
Baltimore City  
August Rosenthal  
Tailor  
Germany  
Mary Waller  
Waller St Baltimore City

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 23<sup>rd</sup> 1879*
4. Place of Birth (Street and Number) *# 339 Canton Ave*
5. Full Name of Mother *Emma C Hemson*
6. Mother's Maiden Name *Emma Crosswell*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Robert Hemson*
9. Father's Occupation  *Sailor*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Cummins*
- Address *# 171 P. Washington St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 22-23 1888
4. Place of Birth (Street and Number) 4018 Holliday st
5. Full Name of Mother Leticia Hook
6. Mother's Maiden Name Leticia Brown
7. Mother's Birthplace Baltimore md
8. Full Name of Father John Hook
9. Father's Occupation Superior
10. Father's Birthplace Baltimore md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Mesinger
- Address 1600 Penna ave
- Remarks



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov 23 1879*

4. Place of Birth (Street and Number) *157 W. Eden St*

5. Full Name of Mother *Laura Johnson*

6. Mother's Maiden Name *Laura Conning*

7. Mother's *Baltimore Md*

8. Full Name of Father *George Johnson*

9. Father's Occupation *Cyster Schuster*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Harriet Dutton*

Address *No 145 W. Eden St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November 23. 1899*

4. Place of Birth (Street and Number) *Barrington Ave*

5. Full Name of Mother *Gertrude B. Barrington*

6. Mother's Maiden Name *E. B. Starnes*

7. Mother's Birthplace *New York City*

8. Full Name of Father *Arthur C. Barrington*

9. Father's Occupation *Practitioner*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *J. M. Williams*

Address *121 W. Howard St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

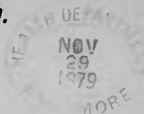
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 23d of Nov 1899
4. Place of Birth (Street and Number) Hamburg St No 55
5. Full Name of Mother Mary Jane Moore
6. Mother's Maiden Name Mary Jane Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Hyman Moore
9. Father's Occupation Wholesale Agent
10. Father's Birthplace Norfolk Va
- Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson
- Address No 10 Abys street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 28<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Labole st*
5. Full Name of Mother *Maggie Peters*
6. Mother's Maiden Name *Maggie Pifer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *J. Peters*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Cathern Horner*
- Address *No 106 West street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 23 1899
4. Place of Birth (Street and Number) Hamburg St No 64
5. Full Name of Mother Margaret Honington
6. Mother's Maiden Name Margaret Harrison
7. Mother's Birthplace Baltimore
8. Full Name of Father William Harrison
9. Father's Occupation Waterman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson
- Address No 10 Phys Street
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 23<sup>rd</sup> 1879
4. Place of Birth, (Street and Number) 163 N.E. St.
5. Full Name of Mother Lida Brown
6. Mother's Maiden Name Lida Simpson
7. Mother's Birthplace Baltimore
8. Full Name of Father Benson Brown
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Dr. J. H. H. H. H.
- Address 154 N.E. St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 23 November
4. Place of Birth (Street and Number) Littlerough St
5. Full Name of Mother Frederika Foster
6. Mother's Maiden Name Wendell
7. Mother's Birthplace Germany
8. Full Name of Father Ernst Foster
9. Father's Occupation Shumacher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. 1161 Sara Casper
- Address 12 E Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35236

DEC 17 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 23<sup>d</sup> 1879

4. Place of Birth (Street and Number)

53

Fountain St

5. Full Name of Mother

Margaret Liebert

6. Mother's Maiden Name

Shuman

7. Mother's Birthplace

City

8. Full Name of Father

Bartholomew Liebert

9. Father's Occupation

Oyster shucker

City

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

35237

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC  
2  
79

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth November 23 - 1879
4. Place of Birth, (Street and Number) No. 32 E. Bay St
5. Full Name of Mother Sarah E. Cohen
6. Mother's Maiden Name Sarah E. Thompson
7. Mother's Birthplace Baltimore
8. Full Name of Father George W. Cohen
9. Father's Occupation Engineer
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Mary A. H. H. H.
- Address 38 E. E. H. H. H.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of said City, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35238

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth November 23 1879
4. Place of Birth, (Street and Number) No 65 Barnes St
5. Full Name of Mother Virginia Evans
6. Mother's Maiden Name Virginia Caulk
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm A Evans
9. Father's Occupation Cow-Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary A. Hallwell
- Address 286 N. Tenth St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35239

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8<sup>th</sup>  
Female  
White  
November 23<sup>d</sup> 1879  
#195-11<sup>th</sup> Street St  
Sallie Young  
Sallie Rutter  
Ind  
Capt Phillip Young  
Manner  
Ind  
H. B. Noble, M.D.  
17<sup>th</sup> Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35240

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) German
3. Date of Birth Nov. 23<sup>d</sup> 1874
4. Place of Birth (Street and Number) Law 14 125
5. Full Name of Mother Sabra Oppenheimer
6. Mother's Maiden Name Lawenthal
7. Mother's Birthplace Baltimore
8. Full Name of Father Reuben Oppenheimer
9. Father's Occupation Bookbinder
10. Father's Birthplace Bavaria
- Name of Medical Attendant, or other Person who makes this Return. Wm. R. Allig
- Address 48 Holland St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35241

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eleven*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *November 23. 79*  
 4. Place of Birth (Street and Number) *Bond and Charles Sts*  
 5. Full Name of Mother *Sarah Elizabeth Henderson*  
 6. Mother's Maiden Name *" " Stark*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Henry Calvert Henderson*  
 9. Father's Occupation *Shoe Cutter*  
 10. Father's Birthplace *Prince George County Md*  
 Name of Medical Attendant, or other Person who makes this Return. *L W Watson*  
 Address *18 Disque St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

25 9 11 3  
HE. 100  
1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 23/79*
4. Place of Birth (Street and Number) *# 12 Hill St.*
5. Full Name of Mother *Margaret Boyle*
6. Mother's Maiden Name *Margaret Mullins*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Michael Boyle*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Knick*
- Address *10 1/2 Hill St.* *8 Lonsdale St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35243

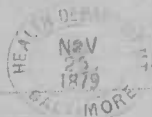


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 24 1879*
4. Place of Birth (Street and Number) *Baltimore - Pattersons 25*
5. Full Name of Mother *Jillie Williams*
6. Mother's Maiden Name *Rice*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *E. W. Williams*
9. Father's Occupation *Carver*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Susan Hunter*
- Address *214 Poppleton St near Jay St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d -

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 24. 1879.

4. Place of Birth (Street and Number)

346 E. Baltimore

5. Full Name of Mother

Marion Johnson

6. Mother's Maiden Name

Sawyer

7. Mother's Birthplace

Maryland

8. Full Name of Father

James V. Johnson

9. Father's Occupation

Marine Engineer

10. Father's Birthplace

Va.

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. P. Morgan

Address

175' North

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

352.115

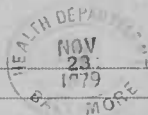


No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th  
1. Sex (state whether Male or Female) male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Nov 24 1879  
4. Place of Birth (Street and Number) 163 Madison St.  
5. Full Name of Mother Florence W. Quering  
6. Mother's Maiden Name " Gibbins  
7. Mother's Birthplace Pai  
8. Full Name of Father Mr Joseph W. Quering  
9. Father's Occupation watchman  
10. Father's Birthplace Md.  
Name of Medical Attendant, or other Person who makes this Return. John C. Harris, M.D.  
Address No. 361 Lexington St.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) wh
3. Date of Birth 24 Nov 1879
4. Place of Birth (Street and Number) 130 W Hoffman
5. Full Name of Mother Louisa Everhart
6. Mother's Maiden Name Edwards
7. Mother's Birthplace Ind
8. Full Name of Father Robert Everhart
9. Father's Occupation R.R. Employee
10. Father's Birthplace Ind
- Name of Medical Attendant, or other Person who makes this Return. Edw. J. Campbell
- Address 129 W. Reddle
- Remarks Very large child: extracted with instrument.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

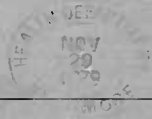
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Dec 9 1899
4. Place of Birth, (Street and Number) Baltimore 10 20 Hamburg
5. Full Name of Mother Lacy Gardner
6. Mother's Maiden Name W. F. Frazier
7. Mother's Birthplace W. F. Frazier
8. Full Name of Father William Gardner
9. Father's Occupation laborer
10. Father's Birthplace Accomack Va
- Name of Medical Attendant, or other Person who makes this return. Annie Wilkins
- Address 999 Hamburg St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth 24 November
4. Place of Birth, (Street and Number) 245 Wolfe Street near Longest
5. Full Name of Mother Wronie Perlakaska
6. Mother's Maiden Name Maciejewski
7. Mother's Birthplace Wongrowice Germany
8. Full Name of Father John Maciejewski
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace Golan Germany
- Name of Medical Attendant, or other Person who makes this Return. Marie Guiller
- Address Wolfe Street 245.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
29  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 24 1879
4. Place of Birth (Street and Number) No 16 Elizabeth Lane
5. Full Name of Mother Emeline Neal
6. Mother's Maiden Name Emeline Taff
7. Mother's Birthplace Virginia
8. Full Name of Father Peter Neal
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Anderson
- Address 1010 Elys St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 24th 1899
4. Place of Birth (Street and Number) Southway Street No 45
5. Full Name of Mother Christenia Beck
6. Mother's Maiden Name Christenid Locherman
7. Mother's Birthplace Baltimore
8. Full Name of Futher James Locherman
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson
- Address No 10 Elys Street
- Remarks

# RETURN OF A BIRTH.

35257

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 24 1879

4. Place of Birth (Street and Number)

No 16 Presidential st

5. Full Name of Mother

Bridget Brown

6. Mother's Maiden Name

Bridget Murphy

7. Mother's Birthplace

City Cork, Ireland

8. Full Name of Father

James Edward Brown

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. P. P. Yeates, M.D.

Address

133 N. G. St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
26  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 24

4. Place of Birth (Street and Number)

293 Johnson St

5. Full Name of Mother

Eugene Heavey

6. Mother's Maiden Name

E. E. Heavey

7. Mother's Birthplace

Balto

8. Full Name of Father

P. Heavey

9. Father's Occupation

Military Wm A

10. Father's Birthplace

Cananda

Name of Medical Attendant, or other Person who makes this Return.

Mrs H. H. H.

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35203  
NOV 28 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 24th 1879*
4. Place of Birth (Street and Number) *ap 273 Hanover st.*
5. Full Name of Mother *Margaret Schingle*
6. Mother's Maiden Name *Eric*
7. Mother's Birthplace *America*
8. Full Name of Father *Peter Schingle*
9. Father's Occupation *Booker*
10. Father's Birthplace *America*
- Name of Medical Attendant, or other Person who makes this Return. *Schwasser midwife*
- Address *330 Hanover st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

352671

NOV  
28  
1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Nov 24th 1879*

4. Place of Birth (Street and Number) *No. 43 James Alley*

5. Full Name of Mother *Elise Kronberger*

6. Mother's Maiden Name *Hall*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Wilhelm Kronberger*

9. Father's Occupation *Cox maker*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *J. Schreyer midwife*

Address *331 Hanover St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

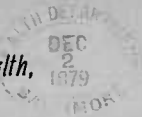


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 24th Nov. 1879
4. Place of Birth (Street and Number) Ninans' Row - No number
5. Full Name of Mother Josephine Lass.
6. Mother's Maiden Name Josephine Williams
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. A. Lass
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Augustus W. Dodge
- Address
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

35256



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup>

1. Sex (state whether Male or Female)

White Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

24<sup>th</sup> Jan. 1879

4. Place of Birth (Street and Number)

Cor Hill & Hanover St

5. Full Name of Mother

Annie E Craig

6. Mother's Maiden Name

Annie E Lockman

7. Mother's Birthplace

Fredrick Md.

8. Full Name of Father

Geo W Craig

9. Father's Occupation

grocer

10. Father's Birthplace

Maine

Name of Medical Attendant, or other Person who makes this Return.

Augustus W. Wodgers

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Nov 24<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *No Cor of Monument & Bradford*

5. Full Name of Mother *Anna Laury*

6. Mother's Maiden Name *Hemmer*

7. Mother's Birthplace *City*

8. Full Name of Father *Fred. Laury*

9. Father's Occupation *Laborer*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*

Address *245 Canton Ave*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

35958  
DEC  
11  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth November 27
4. Place of Birth, (Street and Number) 696 Portage Street
5. Full Name of Mother Rachel Remoser
6. Mother's Maiden Name Rachel Hoig
7. Mother's Birthplace Baltimore
8. Full Name of Father George T. Remoser
9. Father's Occupation Shoe Maker
10. Father's Birthplace 472 Lexington
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address Mrs. Anna Dumble 60 Schroder
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth Apr. 24<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 29. E. Euter St.
5. Full Name of Mother Mate Humphrey
6. Mother's Maiden Name " Clark
7. Mother's Birthplace St. Mary Co
8. Full Name of Father Thomas Humphrey
9. Father's Occupation Empire Iron Works
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Regent A. Richmond
- Address 135 E. E. St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35260

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>  
Male White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

November 24. 99

4. Place of Birth (Street and Number)

No. 323. N Broadway

5. Full Name of Mother

Virginia Fairchild Carver

6. Mother's Maiden Name

" Fairchild

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Francis Tyler Carver

9. Father's Occupation

Salesman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

G. W. Wayson

Address

18 Hisinger St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35261

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No. 2.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov. 24 79*

4. Place of Birth (Street and Number) *36 E. Eager.*

5. Full Name of Mother *Francis Eugene Moffett*

6. Mother's Maiden Name *" Rogers*

7. Mother's Birthplace *" Baltimore*

8. Full Name of Father *Thomas Craig Moffett*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Geo W Wayson*

Address *18 Froquitt St*

Remarks *14*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Nov. 22<sup>nd</sup> 1899
4. Place of Birth (Street and Number) Washington St & Keyser
5. Full Name of Mother Ella E. Edman
6. Mother's Maiden Name " " Bradley
7. Mother's Birthplace Baltimore
8. Full Name of Father John H. Edman
9. Father's Occupation Milk dealer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr H White, M.D.
- Address 241 N. Broadway
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

NOV  
23  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2<sup>nd</sup>  
Male  
White  
25<sup>th</sup> Nov 1879.  
No. 311<sup>st</sup> Elderry.  
Miami, Register.  
Miami Rudolf  
Germany.  
Henry. Ship vessel.  
Captain Maber.  
Germany.  
Mary Wall  
126<sup>th</sup> Charles Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child  
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 25th 1879

4. Place of Birth (Street and Number)

No. 43 Brown St.

5. Full Name of Mother

Helena Kalin

6. Mother's Maiden Name

Baumgarten

7. Mother's Birthplace

Germany

8. Full Name of Father

William Kalin

9. Father's Occupation

Shipcarpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schewasser midwife

Address

330 Kanawha St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Children*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Friday*
4. Place of Birth (Street and Number) *Wine Street 141*
5. Full Name of Mother *Catharina Stiel*
6. Mother's Maiden Name *Catharina Zimmerman*
7. Mother's Birthplace *Germany*
8. Full Name of Father *George Stiel*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*
- Address *21, W. Bayreuther St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 25 - 1879
4. Place of Birth (Street and Number) E N Schroeder St
5. Full Name of Mother Mary Bramm
6. Mother's Maiden Name Clark
7. Mother's Birthplace Ireland
8. Full Name of Father Geo J Bramm
9. Father's Occupation Painter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer M.D.
- Address 6 E. E. E. Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 25. 1879
4. Place of Birth (Street and Number) Walt + Argyle St + 1000 and 5
5. Full Name of Mother Mary Ann Youngman
6. Mother's Maiden Name Neerine
7. Mother's Birthplace Balt. City
8. Full Name of Father Wm. Las Youngman
9. Father's Occupation Storekeeper
10. Father's Birthplace Balt. City
- Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer M.D.
- Address 68 W. Calhoun Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

25268  
DEPT. OF HEALTH  
1879  
MOR.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether male or female) *Girl*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov 25 - 1879*
4. Place of Birth (Street and Number) *No 111 Elbow Lane*
5. Full Name of Mother *Mary Amethood*
6. Mother's Maiden Name
7. Mother's Birthplace *A A County Maryland*
8. Full Name of Father *Joseph Amethood*
9. Father's Occupation *Barber*
10. Father's Birthplace *Balto City*
- Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*
- Address *11 Burgundy Alley*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

35269

To the Office of Registrar of Vital Statistics, Board of Health.

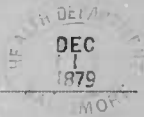
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Tuesday Nov 2.5 1879
4. Place of Birth, (Street and Number) 65 S. Oregon St Balto
5. Full Name of Mother Sarah J. Flannery
6. Mother's Maiden Name Sarah J. Flannery
7. Mother's Birthplace Balto. Md
8. Full Name of Father Patrick Flannery
9. Father's Occupation Carter
10. Father's Birthplace Balto Md
- Name of Medical Attendant, or other person who makes this return. Mrs. Huppeler
- Address 11 Poppleton St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 25 of November 1879
4. Place of Birth (Street and Number) 112 238 William St.
5. Full Name of Mother Katy Vogt
6. Mother's Maiden Name Katy Bauer
7. Mother's Birthplace Baltimore
8. Full Name of Father Ambrus Vogt
9. Father's Occupation Carver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Julena Grishaler
- Address 112 128 West St.
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

35371

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *second child*  
 1. Sex (state whether Male or Female) *male child*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *Birth November 25 1879*  
 4. Place of Birth (Street and Number) *21 Saint mary street*  
 5. Full Name of Mother *elizabeth Goodwin*  
 6. Mother's Maiden Name *elizabeth Triplett*  
 7. Mother's Birthplace *virginia*  
 8. Full Name of Father  
 9. Father's Occupation *Charles C Goodwin*  
 10. Father's Birthplace *Waiter Birth place Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Mary Laheru*  
 Address  
 Remarks *AB 94 tyson st*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

6<sup>th</sup>  
Female

White

Nov 25. 1879

249 W Lomb St

Mary Mann  
Mary Katzenstein  
city

Jacob Mann

Merchant

Germany

Abraham M. M. M. M. M.

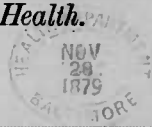
NOV  
29  
1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 3<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth the 28 November
4. Place of Birth (Street and Number) 1226 Hoffman St
5. Full Name of Mother Kate Dietrich
6. Mother's Maiden Name Kate Dietrich
7. Mother's Birthplace Germany
8. Full Name of Father Leop. Martin Dietrich
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Christina Sauer Sauer
- Address 173 Harper st
- Remarks

1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35274

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 25th 1879*
4. Place of Birth (Street and Number) *124 S. Western St.*
5. Full Name of Mother *Elizabeth Kerns*
6. Mother's Maiden Name *Dobbin*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Kerns*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Black*
- Address *244 S. 1st St.*
- Remarks *Stillborn*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3?  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race)  
3. Date of Birth Nov. 15  
4. Place of Birth (Street and Number) 50 Bruce St.  
5. Full Name of Mother Ida Stone  
6. Mother's Maiden Name Ida Carter  
7. Mother's Birthplace Balt.  
8. Full Name of Father Alfred Stone  
9. Father's Occupation Clerk  
10. Father's Birthplace Balt.  
Name of Medical Attendant, or other person who makes this Return.  
Address 251 Madison St.  
Remarks Breech presentation

A. M. Wilson

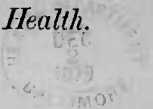
251 Madison St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35276

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth 26 November  
4. Place of Birth (Street and Number) 20 Albemarle  
5. Full Name of Mother Mathilda Piegler  
6. Mother's Maiden Name Radigan  
7. Mother's Birthplace N. D.  
8. Full Name of Father John Piegler  
9. Father's Occupation Gasfitter  
10. Father's Birthplace N. D.  
Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Carper  
Address 52 E. Lombard St.  
Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35277

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) girl
2. Race or Color (if not of the white race) White
3. Date of Birth 25 Nov 1877
4. Place of Birth (Street and Number) Baltimore Potomac Street No. 122
5. Full Name of Mother Sophie Kluma
6. Mother's Maiden Name Witch
7. Mother's Birthplace Germany
8. Full Name of Father Frank Kluma
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mr. Reppich
- Address 68 Washington St
- Remarks Strong Sophistic

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35278

HEALTH DEPT.  
DEC  
2  
1879  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) <sup>1st</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Nov 25<sup>th</sup> 1879

4. Place of Birth (Street and Number) No 23 Burke St

5. Full Name of Mother Mary Kleinn

6. Mother's Maiden Name " Seifert

7. Mother's Birthplace City

8. Full Name of Father George Kleinn

9. Father's Occupation Oyster Shucker

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bety

Address 225 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35979

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT  
NOV  
20  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 28 1879

4. Place of Birth (Street and Number)

No 18 of September

5. Full Name of Mother

Anna Hamlett

6. Mother's Maiden Name

Anna Siffert

7. Mother's Birthplace

Germany

8. Full Name of Father

John Siffert

9. Father's Occupation

Sail

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Not known

Remarks

(175) Harford Ave  
to

1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

35280  
DEC 13 1899

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *25th November*
4. Place of Birth (Street and Number) *463 W Pratt st*
5. Full Name of Mother *Lizzie Jones*
6. Mother's Maiden Name *Lizzie Mine*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Talbot Jones*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mr Mary Seebach*
- Address *439 W Pratt st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC  
11  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Kind*
1. Sex (state whether male or female) *Boys*
2. Race or Color (if not of the white race) *Schwartz*
3. Date of Birth *geboren den 25<sup>ten</sup> November*
4. Place of Birth (Street and Number) *N<sup>o</sup> 75 S. Spring St.*
5. Full Name of Mother *Mary Niemann*
6. Mother's Maiden Name *Mary Peters*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Lehman Niemann*
9. Father's Occupation *Handarbeiter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Baumann*
- Address *N<sup>o</sup> 197 S. Dallas St.*
- Remarks *Heim*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 25th 1879.
4. Place of Birth (Street and Number) No. 71. Green Mount av.
5. Full Name of Mother Anna Stallman
6. Mother's Maiden Name Anna Kocnaman
7. Mother's Birthplace Baltimore.
8. Full Name of Father Henry Stallman
9. Father's Occupation Resturant.
10. Father's Birthplace Hannover Germany.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. H. S. Ruth
- Address No. 125 N.E. Cor. Condit St. & Monument St.
- Remarks See Will

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov: 25th 1879
4. Place of Birth, (Street and Number) No. 31 W. Chase
5. Full Name of Mother Filimena Catharine Hohman
6. Mother's Maiden Name Filimena Catharine Ottendorf
7. Mother's Birthplace Baltimore
8. Full Name of Father Mr. Henry Hohman
9. Father's Occupation Funeral
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. W. C. Wilder M. D.
- Address 146 Park Avenue
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

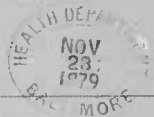
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26th Nov '77
4. Place of Birth (Street and Number) 79 N. Poca St.
5. Full Name of Mother Mary Marcelline Muth
6. Mother's Maiden Name Mary Marcelline Foudriat
7. Mother's Birthplace Ill
8. Full Name of Father John P. Muth
9. Father's Occupation Wholesale Druggist
10. Father's Birthplace Ill
- Name of Medical Attendant, or other Person who makes this Return. J. H. Keller, M.D.
- Address 87 Alcega St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Col. Negro
3. Date of Birth November 17 1879
4. Place of Birth (Street and Number) 134 Shafter St
5. Full Name of Mother Minerbet Hays
6. Mother's Maiden Name Betsy Hays
7. Mother's Birthplace Glasgow County Va
8. Full Name of Father Robert Hays
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. Ellen Harris
- Address 184 Vine St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 26th 1879*
4. Place of Birth (Street and Number) *No 236 Charles St*
5. Full Name of Mother *Marie Giring*
6. Mother's Maiden Name *Oehl*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Giring*
9. Father's Occupation *Labarile*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schaeffer midwife*
- Address *330 Kanover St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

36287

NCV  
26  
1875

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *abolon* *number 15*
1. Sex (state whether Male or Female) *a male child*
2. Race or Color (if not of the white race) *abolon*
3. Date of Birth
4. Place of Birth (Street and Number) *Doddman Street no 77*
5. Full Name of Mother *Nancy Lee*
6. Mother's Maiden Name
7. Mother's Birthplace *town of Lees County Va.*
8. Full Name of Father *John W. Lee*
9. Father's Occupation *a bald baluan*
10. Father's Birthplace *Dorchester County*
- Name of Medical Attendant, or other Person who makes this Return. *Alvine Mills*
- Address *300*
- Remarks *351 West Street*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

53985  
RECEIVED  
DEC 27 1879  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

November the 26th 1879

4. Place of Birth (Street and Number)

No 206 West St

5. Full Name of Mother

Mary E Lee

6. Mother's Maiden Name

May E Pinder

7. Mother's Birthplace

Yorkchester County Md

8. Full Name of Father

Joshy H Lee

9. Father's Occupation

Day laborer

10. Father's Birthplace

Yorkchester County Md

Name of Medical Attendant, or other Person who makes this Return.

Calhoun Riley

Address

No 44 Walker St Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC  
9 1  
ORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Twenty-sixth of November*
4. Place of Birth (Street and Number) *1017 Park Ave. St.*
5. Full Name of Mother *Anna B. Porter*
6. Mother's Maiden Name *Anna B. Porter*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John M. Porter*
9. Father's Occupation *Editor*
10. Father's Birthplace *Baltimore, Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Wiley*
- Address *No. 12 Patterson Park, Dr.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *26 of November 1879*
4. Place of Birth (Street and Number) *42 365 William St.*
5. Full Name of Mother *Margaretta Kane*
6. Mother's Maiden Name *Margaretta Fitzpatrick*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Thomas Kane*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant or other Person who makes this Return. *Sarena Grishaber*
- Address *42 128 West St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 26 November
4. Place of Birth (Street and Number) 51 President St
5. Full Name of Mother Kathleen Ochs
6. Mother's Maiden Name Kinatz
7. Mother's Birthplace Germany
8. Full Name of Father Henry Ochs
9. Father's Occupation Genl. Contractor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Joseph Simon
- Address 1070 Broadway St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

58292  
NGV  
29  
79

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 26 1849

4. Place of Birth (Street and Number)

21 N. Green St

5. Full Name of Mother

Sarah Schorch

6. Mother's Maiden Name

Sarah Klaus

7. Mother's Birthplace

City

8. Full Name of Father

Louis Schorch

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Abraham A. Mould M.D.

Address

Remarks



# RETURN OF A BIRTH.

35293

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 26<sup>th</sup> 1879
4. Place of Birth (Street and Number) 451 N. Fremont St.
5. Full Name of Mother Harriet Cole
6. Mother's Maiden Name East
7. Mother's Birthplace England
8. Full Name of Father Bennoch Cole
9. Father's Occupation Clerk
10. Father's Birthplace Pennsylvania
- Name of Medical Attendant, or other Person who makes this Return. J. Walton White M.D.
- Address 30 N. Gilman St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35294

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov. 26th, 1875.

4. Place of Birth (Street and Number)

Harford Ave & Aisquith st

5. Full Name of Mother

I da Preston

6. Mother's Maiden Name

Forrest

7. Mother's Birthplace

Balt., Md.

8. Full Name of Father

Samuel Preston

9. Father's Occupation

clerk

10. Father's Birthplace

Balt., Md.

Name of Medical Attendant, or other Person who makes this Return.

M. B. Billingsley

Address

Harford Ave & Biddle st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35295

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

DEC  
19  
1905

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 26 November
4. Place of Birth (Street and Number) 188 South St
5. Full Name of Mother Marie Hill
6. Mother's Maiden Name Jacksonell
7. Mother's Birthplace N D
8. Full Name of Father Charles Hill
9. Father's Occupation Workingman
10. Father's Birthplace N D
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Para Burger
- Address 526 Lombard St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35296

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 26 November
4. Place of Birth (Street and Number) 177 Lombard St
5. Full Name of Mother Margie Kern
6. Mother's Maiden Name Dahman
7. Mother's Birthplace Germany
8. Full Name of Father John Kern
9. Father's Occupation Tavernkeeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Michael Casper
- Address 152 E. Lombard St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

64-

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov. 26. 1879

4. Place of Birth, (Street and Number)

111 West 1st St. No. 6.

5. Full Name of Mother

Franciska Mesner

6. Mother's Maiden Name

Wulfer

7. Mother's Birthplace

Balt. Co.

8. Full Name of Father

Johann Mesner

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Wm. J. Thompson

Address

111 West 1st St.

Remarks

untwined

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Mar. 26. 1879
4. Place of Birth, (Street and Number) E. Pratt st No 296
5. Full Name of Mother Mathanna Spear
6. Mother's Maiden Name Wenig
7. Mother's Birthplace Baltimore
8. Full Name of Father John Spear
9. Father's Occupation Tramporter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. L. Thompson
- Address 214 W. 1st St
- Remarks Undersize

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35299

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 25 1899

4. Place of Birth (Street and Number)

1711

5. Full Name of Mother

Sibill Garby-

6. Mother's Maiden Name

Mallon

7. Mother's Birthplace

Old

8. Full Name of Father

Henry S. Garby-

9. Father's Occupation

Livery Stable Keeper

10. Father's Birthplace

Conn

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm Whitridge M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh (7th)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 26<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Spring St ~~near Baltimore~~ near Johns

5. Full Name of Mother

Maggie Board

6. Mother's Maiden Name

Roberts

7. Mother's Birthplace

Baltimore Co

8. Full Name of Father

John T Board

9. Father's Occupation

Porter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Margina A. Winder

Address

178 Harbor Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35361

DEC 2 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

November 26<sup>th</sup> 1879

4. Place of Birth (Street and Number)

235 Young St

5. Full Name of Mother

Amelia Arnold

6. Mother's Maiden Name

" Dottmar

7. Mother's Birthplace

Germany

8. Full Name of Father

Christian Arnold

9. Father's Occupation

Shoe maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz  
245 Canton Ave

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

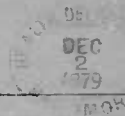
# RETURN OF A BIRTH,

35302

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth November 26 1879
4. Place of Birth, (Street and Number) 1098 N. Bond St
5. Full Name of Mother Agnes Ann Dehaene
6. Mother's Maiden Name Agnes Ann King
7. Mother's Birthplace Baltimore
8. Full Name of Father Jesse W. Dehaene
9. Father's Occupation Laborer
10. Father's Birthplace Massachusetts
- Name of Medical Attendant, or other Person who makes this Return. Mary A. Caldwell
- Address 296 E. Denagh St
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35303

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 10 1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 26th 1879
4. Place of Birth, (Street and Number) No 187. 2d St.
5. Full Name of Mother Mar. E. Geary
6. Mother's Maiden Name " " Clark
7. Mother's Birthplace Baltimore
8. Full Name of Father John J. Geary
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary J. Richmond
- Address 185 De S.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31304

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race)
3. Date of Birth 26 of December
4. Place of Birth (Street and Number) 4800 Frederick av
5. Full Name of Mother Mrs Lindner
6. Mother's Maiden Name J. Schaefer
7. Mother's Birthplace Baltimore County
8. Full Name of Father Henry Lindner
9. Father's Occupation Bookbinder
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs A Lindner
- Address 1145 Sullivan St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 5 child



1. Sex (state whether male or female)

Female child

2. Race or Color (if not of the white race)

Color

3. Date of Birth

26 of November

4. Place of Birth (Street and Number)

24 Garrison street

5. Full Name of Mother

Sally Woffut

6. Mother's Maiden Name

Sally Woffut

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wason Woffut

9. Father's Occupation

Tramman

10. Father's Birthplace

Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Gross

Address

187 York street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

353016

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 27 1879

4. Place of Birth (Street and Number)

Cr. Lane & Fremont St.

5. Full Name of Mother

Susan Lockwood

6. Mother's Maiden Name

Schneur

7. Mother's Birthplace

Balto

8. Full Name of Father

William Lockwood

9. Father's Occupation

Printer

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

W. C. Brown

Address

249 E

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 27 1879
4. Place of Birth (Street and Number) 83 Cambridge
5. Full Name of Mother Annie Dixon
6. Mother's Maiden Name Annie Diamond
7. Mother's Birthplace Baltimore
8. Full Name of Father Benjamin Dixon
9. Father's Occupation Mariner
10. Father's Birthplace Dorchester Co Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley
- Address 13 Patterson Park Ave
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

November 27 - 1879

4. Place of Birth (Street and Number)

771 W. Baltimore St.

5. Full Name of Mother

Hester Weinberg

6. Mother's Maiden Name

Kaufman

7. Mother's Birthplace

Germany

8. Full Name of Father

Nathan Weinberg

9. Father's Occupation

Shoe Dealer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35309

DEC  
1  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *November 27<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *149 German*  
5. Full Name of Mother *Alice Virginia Daffin*  
6. Mother's Maiden Name *Kelty*  
7. Mother's Birthplace *Balto. City*  
8. Full Name of Father *Francis Dawes Daffin*  
9. Father's Occupation *Printer.*  
10. Father's Birthplace *Balto. City.*  
Name of Medical Attendant, or other Person who makes this Return. *Louis W. Knight M.D.*  
Address *112 N. Greene St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35210

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 27<sup>th</sup> 1892*
4. Place of Birth (Street and Number) *# Madisona alley*
5. Full Name of Mother *sophia mrs*
6. Mother's Maiden Name *sophia*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Robt mrs*
9. Father's Occupation *Smith*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Quinn*
- Address *# 171 S. Washington St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC  
1  
1899

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 - 12 Child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 27 of November 1899
4. Place of Birth (Street and Number) Ch. 412 Lancaster St.
5. Full Name of Mother Katy Welch
6. Mother's Maiden Name Katy Gagan
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard Welch
9. Father's Occupation Schoemaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sakana Grishaber
- Address Ch 128 West St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35312

DEC  
1  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11. Children
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 27 of November 1879
4. Place of Birth (Street and Number) No 213 West St.
5. Full Name of Mother Ella M. Kane
6. Mother's Maiden Name Ella Samuel
7. Mother's Birthplace Baltimore
8. Full Name of Father James M. Kane
9. Father's Occupation Sailor
10. Father's Birthplace Newark New Jersey
- Name of Medical Attendant, or other Person who makes this Return. Sabena Grishaker
- Address No 128 West St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35813

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 27th
4. Place of Birth, (Street and Number) No. 203 E. Lombard St
5. Full Name of Mother Mrs. Lizzie Rich
6. Mother's Maiden Name " " Sprengle
7. Mother's Birthplace Baltimore
8. Full Name of Father Julien Rich
9. Father's Occupation Cigar maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Gelzbie
- Address No. 33 S. Board St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35314

NOV  
29  
1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Nov 27th 1899  
4. Place of Birth (Street and Number) 196 Madison Ave  
5. Full Name of Mother Emma Lottie Gees  
6. Mother's Maiden Name Manorfield  
7. Mother's Birthplace Baltimore Md  
8. Full Name of Father Richard Gees  
9. Father's Occupation Clerk  
10. Father's Birthplace Baltimore Md  
Name of Medical Attendant, or other Person who makes this Return. D W Catheel Md  
Address 2 Broadway  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35310

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 24<sup>th</sup> of November 1879

4. Place of Birth (Street and Number) 174 Pen Street

5. Full Name of Mother Mary Regina Jari

6. Mother's Maiden Name Mary R Weber

7. Mother's Birthplace Baltimore City

8. Full Name of Father Lawrence Counselman Jari

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs Jersunberger

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33316

NOV  
28  
1879  
DOPE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 27<sup>th</sup> 1879
4. Place of Birth (Street and Number) 554. S. Fayette St.
5. Full Name of Mother Mary Elizabeth Fountain.
6. Mother's Maiden Name " Robertson.
7. Mother's Birthplace Newborn N. Carolina
8. Full Name of Father Samuel Fountain
9. Father's Occupation Mar Clerk
10. Father's Birthplace Denton Md
- Name of Medical Attendant, or other Person who makes this Return. W. C. Johnson M.D.
- Address Natuna St. Birth
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 27<sup>th</sup> 1899

4. Place of Birth (Street and Number)

No 90 Fayette St

5. Full Name of Mother

Julia Gaston

6. Mother's Maiden Name

J. House

7. Mother's Birthplace

Germany

8. Full Name of Father

William Gaston

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. Hillier

Address

182 Monument St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



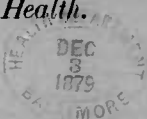
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November 27<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 78 S. Exeter St
5. Full Name of Mother Marie Linderman
6. Mother's Maiden Name " " Kahmann
7. Mother's Birthplace Baltimore
8. Full Name of Father John Linderman
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft
- Address 236 Canton ave
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 27 Nov
4. Place of Birth, (Street and Number) 27 Eager St
5. Full Name of Mother Mary Seeland
6. Mother's Maiden Name Timothy
7. Mother's Birthplace Ireland
8. Full Name of Father Michel Seeland
9. Father's Occupation Gas Fitter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Arnold J. Harrison
- Address No 7 Forest Place
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, **BALTIMORE CITY.**

34320

DEC 3 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *27 of November*
4. Place of Birth (Street and Number) *Baltimore 55 St Peter Street*
5. Full Name of Mother *Maggie O'Gay*
6. Mother's Maiden Name *Maggie Kelly*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Michael O'Gay*
9. Father's Occupation *fireman*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return *Wm. M. Shaffer*
- Address *114 Ridge by Shaffer*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Novbr 27th 1899*
4. Place of Birth (Street and Number) *372 Eastern Ave*
5. Full Name of Mother *F M W Cogrove*
6. Mother's Maiden Name *F. M. Wilson*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Thos Cogrove*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E Lewis*
- Address *# 171 P Washington St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 27th / 79*
4. Place of Birth (Street and Number) *#13 Fountain St*
5. Full Name of Mother *Mr R Weist*
6. Mother's Maiden Name *Mr Robb*
7. Mother's Birthplace *Balto*
8. Full Name of Father *J. H. Weist*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Quinn*
- Address *#171 S Washington St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 27th. 1872.
4. Place of Birth (Street and Number) No 14, Eden St.
5. Full Name of Mother Antillita Walter
6. Mother's Maiden Name " Warrumch
7. Mother's Birthplace Phillips, Illinois
8. Full Name of Father John Walter
9. Father's Occupation Black
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. J. Brink
- Address No 185 S.E. cor. Central av. & Monument St
- Remarks Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

353214



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Nov. 27th  
 4. Place of Birth (Street and Number) 112 West St.  
 5. Full Name of Mother Annie Hardy  
 6. Mother's Maiden Name Becker  
 7. Mother's Birthplace Maryland  
 8. Full Name of Father Carphao Winley  
 9. Father's Occupation Laborer  
 10. Father's Birthplace Maryland  
 Name of Medical Attendant, or other Person who makes this Return. Dr. J. O. Davis M.D.  
 Address 315 Light St.  
 Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 27<sup>th</sup> 1879

4. Place of Birth, (Street and Number) 235 Light St

5. Full Name of Mother Mary Penne

6. Mother's Maiden Name " Planken

7. Mother's Birthplace Baltimore, Md

8. Full Name of Father Edward Penne

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

John Morris, M.D.

Address W. 5 Franklin St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

M.

2. Race or Color (if not of the white race)

W.

3. Date of Birth

November 27. 1879.

4. Place of Birth (Street and Number)

15 E. Monument St.

5. Full Name of Mother

Hellie Wilson.

6. Mother's Maiden Name

Vance.

7. Mother's Birthplace

Scranton, Pa.

8. Full Name of Father

William Wilson.

9. Father's Occupation

Painter.

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Alice Bowen.

Address

Chapel St. near Eager.

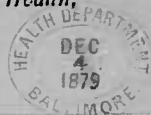
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35327

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th  
Female  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 27th 1879

4. Place of Birth (Street and Number)

171 St Paul Street

5. Full Name of Mother

Mary Ellen Jenkins

6. Mother's Maiden Name

Mary Ellen Rogers

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Wilcox Jenkins Jr

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

H. P. Hilton Jr M. D.

Address

146 Park Avenue

Remarks

# RETURN OF A BIRTH.

35328

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4 Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

November 27, 1879

4. Place of Birth (Street and Number)

N. W. Corner of Saratoga & Entaw St.

5. Full Name of Mother

Annie A. Maxwell

6. Mother's Maiden Name

Lucy des  
Giviles Taylor Pa

7. Mother's Birthplace

8. Full Name of Father

Isaac Maxwell

9. Father's Occupation

Marble Cutter  
Baltimore

10. Father's Birthplace

Baltimore  
1274 H. Carey St  
195 N. Carey St

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex (state whether Male or Female) *Female.*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov. 27. 1899* *7 P.M.*

4. Place of Birth (Street and Number) *27 S. Eder Street*

5. Full Name of Mother *Maggie Bell Gellay*

6. Mother's Maiden Name *Maggie B. Eble*

7. Mother's Birthplace *Balt. City*

8. Full Name of Father *Bernard James Gellay*

9. Father's Occupation *Householder*

10. Father's Birthplace *Balt. City*

Name of Medical Attendant, or other Person who makes this Return *James E. Donville M.D.*

Address *297 E. Baltimore Street*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 28/79

4. Place of Birth (Street and Number)

873 W. Lombard St

5. Full Name of Mother

Elodie Biggs

6. Mother's Maiden Name

Norman

7. Mother's Birthplace

Montreal Ca

8. Full Name of Father

Henry Biggs

9. Father's Occupation

Merchant

10. Father's Birthplace

St Louis, Mo

Name of Medical Attendant, or other Person who makes this Return.

Address

A. L. P. Jones

Remarks

379 W. Lombard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov 28th 79*

4. Place of Birth (Street and Number) *140 N. Fremont St.*

5. Full Name of Mother *Elvina Wilson*

6. Mother's Maiden Name *Elvina Hunt*

7. Mother's Birthplace *Ill.*

8. Full Name of Father *James H. Wilson*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Ill.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*J. Keller M.D.*  
*57 Greene St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November the 28, 1879.*

4. Place of Birth (Street and Number) *S. Broadway No 163.*

5. Full Name of Mother *Louise Schaub,*

6. Mother's Maiden Name *Louise Holzer*

7. Mother's Birthplace *Wipperfeldt, Prussia, Germany*

8. Full Name of Father *Louis Schaub,*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Esslingen, Prussia, Germany*

Name of Medical Attendant, or other Person who makes this return. *Mary E. Müller*

Address *N. Gallas St. No 26.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35333

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 28 November
4. Place of Birth (Street and Number) No 54 Euter Street
5. Full Name of Mother Marguerite Coath
6. Mother's Maiden Name Luther
7. Mother's Birthplace Baltimore
8. Full Name of Father William Coath
9. Father's Occupation Book Keeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Hopkin Turner
- Address No 78 Grandy Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth

November 28 1879

4. Place of Birth (Street and Number)

2 Cannon St

5. Full Name of Mother

Virginia Thomas

6. Mother's Maiden Name

Virginia Meade

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William Thomas

9. Father's Occupation

laborer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr. Charles W. Garrett

Address

65 Busck St

Remarks

DEC 1 1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 3*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *the 28 of November 1879*
4. Place of Birth (Street and Number) *No 157 Herling St*
5. Full Name of Mother *Magie Müller*
6. Mother's Maiden Name *Magie Sigel*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Georg Sigel*
9. Father's Occupation *Dr. in Water*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Cristina Taux*
- Address *113 Harper street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth The 28 of Nov
4. Place of Birth (Street and Number) The 2 Dock from Shipton Large
5. Full Name of Mother William Abner Stanton
6. Mother's Maiden Name William Abner Cathlar
7. Mother's Birthplace Germany
8. Full Name of Father Dr. George Cathlar
9. Father's Occupation Brewer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Cristina Sauer
- Address 172 Harper every
- Remarks if born

1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35337

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth November 4 2 1879
4. Place of Birth (Street and Number) 18 Walnut
5. Full Name of Mother Christine Miller
6. Mother's Maiden Name Christine Dreifenstein
7. Mother's Birthplace Germany
8. Full Name of Father John Heller
9. Father's Occupation Basketmaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Annie Herzog
- Address 114 Penna. av
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33338

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28 November
4. Place of Birth (Street and Number) No 57 President Street
5. Full Name of Mother Helen Pieper
6. Mother's Maiden Name Schellsteedt
7. Mother's Birthplace Baltimore
8. Full Name of Father August Pieper
9. Father's Occupation Tanner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophia Siemen
- Address No 70 Granby Street
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 28<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 75 William St.
5. Full Name of Mother May Elizabeth Ella Armiger
6. Mother's Maiden Name Hergert
7. Mother's Birthplace Baltimore
8. Full Name of Father Josiah C. Armiger
9. Father's Occupation Comm. Merchant
10. Father's Birthplace A. A. Co. Md
- Name of Medical Attendant, or other Person who makes this Return. R. C. Litz
- Address 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November 28<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 39 Port Street
5. Full Name of Mother Hellena Healtecker
6. Mother's Maiden Name " " Zimmerman
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael Healtecker
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft
- Address 296 Canton Ave
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

31341  
JAN 20 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 28 November
4. Place of Birth (Street and Number) Philadelphia Road
5. Full Name of Mother Elizabeth Spitznagel
6. Mother's Maiden Name Fick
7. Mother's Birthplace Germany
8. Full Name of Father Charles Spitznagel
9. Father's Occupation Deutscher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Casper
- Address 52 E. Penn. Road
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 28 November
4. Place of Birth (Street and Number) 156 High St
5. Full Name of Mother Marie Murphy
6. Mother's Maiden Name Casey
7. Mother's Birthplace N. D.
8. Full Name of Father Frank Murphy
9. Father's Occupation Cannemaker
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Para Casper
- Address 52 E. Lombard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35313

DEPT  
DEC  
2  
1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Novbr 28 1879
4. Place of Birth (Street and Number) 115 Eismuittstr.
5. Full Name of Mother Marie Mohlbein
6. Mother's Maiden Name M. Frank
7. Mother's Birthplace Baltimore
8. Full Name of Father Friedrich Mohlbein
9. Father's Occupation Darber
10. Father's Birthplace Balchiner
- Name of Medical Attendant, or other Person who makes this Return. Mar. R. Rudiger
- Address 134 S. Bondstr.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



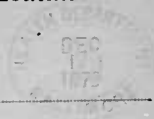
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 28. 1899
4. Place of Birth (Street and Number) N 27 W<sup>o</sup> Eldon
5. Full Name of Mother Mary M. Cullen
6. Mother's Maiden Name J. O'Donnell
7. Mother's Birthplace Balt. Md.
8. Full Name of Father Jno W. McCubbin
9. Father's Occupation Brass Finisher
10. Father's Birthplace Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.
- Address 2305 W. Caroline St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35345

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd  
1. Sex (state whether male or female) female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Nov 28<sup>th</sup> 1894  
4. Place of Birth (Street and Number) Allumale St # 5  
5. Full Name of Mother Luzanna Bayle  
6. Mother's Maiden Name Bannister  
7. Mother's Birthplace Prussia  
8. Full Name of Father Godfrey Ryan  
9. Father's Occupation Tailor  
10. Father's Birthplace Prussia  
Name of Medical Attendant, or other Person who makes this Return. Mr. R. Allen  
Address 48 Holland St  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35346

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) Col'd

3. Date of Birth 28 Nov. 1879

4. Place of Birth (Street and Number) No 32 Sullivan

5. Full Name of Mother Mal. Jam. Howard

6. Mother's Maiden Name Mal. H. Howard

7. Mother's Birthplace Baltimore

8. Full Name of Father Jam. Stuart

9. Father's Occupation Labour

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. J. Howard

Address William 70 Howard

Remarks Stillborn

# RETURN OF A BIRTH.

35311-7

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th.  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) Colored  
 3. Date of Birth Nov. 28th.  
 4. Place of Birth (Street and Number) 83 Delaware Alley  
 5. Full Name of Mother Anna Leonish  
 6. Mother's Maiden Name Anna Paterson  
 7. Mother's Birthplace South Carolina  
 8. Full Name of Father James Leonish  
 9. Father's Occupation Labourer  
 10. Father's Birthplace Ind.  
 Name of Medical Attendant, or other Person who makes this Return. R. M. Hall M.D.  
 Address 222 S. Sharp St.  
 Remarks

That any physician, accoucheur, midwife, or other person who shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

353118

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *No. 5*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 28. 79*
4. Place of Birth (Street and Number) *108. W Baltimore St*
5. Full Name of Mother *Louisa Brent*
6. Mother's Maiden Name *" Bohn*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Mathews Brent*
9. Father's Occupation *Druggist*
10. Father's Birthplace *Baltimore Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *G W Wapson*
- Address *1845 quiet*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

233119

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov. 28<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 58 Liberty St
5. Full Name of Mother Ella R. Kyle
6. Mother's Maiden Name Howard
7. Mother's Birthplace Harford County
8. Full Name of Father Samuel A. S. Kyle
9. Father's Occupation Merchant
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. John Munn, M.D.
- Address Nov. 5 Franklin St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35350

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3<sup>rd</sup>  
Female  
White.  
HEALTH DEPARTMENT  
DEC  
1879  
BALTIMORE

November 28, 1879  
361 N. Bond St

Sarah Virginia Billmeyer  
Sarah Virginia Water  
Maryland.

Chas. E. Billmeyer  
Customs

Pennsylvania

J. N. Hock MD.

75 E. Baltimore St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35351

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 28 1899

4. Place of Birth (Street and Number) 55 E. Coppin

5. Full Name of Mother Mary White

6. Mother's Maiden Name Mary Gross

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry White

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mr. Tolson

Address \_\_\_\_\_

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 28<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *86 S. Stetson St.*
5. Full Name of Mother *Mary Ann Dexton*
6. Mother's Maiden Name *" " Brown.*
7. Mother's Birthplace *London - England.*
8. Full Name of Father *Thos J Dexton -*
9. Father's Occupation *Engineer -*
10. Father's Birthplace *Baltimore -*
- Name of Medical Attendant, or other Person who makes this Return. *W. E. Leggett M.D.*
- Address *107 W. Fayette & Calhoun St.*
- Remarks

1877 Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35352

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 8 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 29<sup>th</sup> 1879

4. Place of Birth (Street and Number)

162 Pa. Ave - Balt.

5. Full Name of Mother

Alice Wilderson

6. Mother's Maiden Name

Alice Shelley

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Benjamin Franklin Wilderson

9. Father's Occupation

hair dresser

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Thos. E. Smith

Address

130 Arlington Ave - (ex. Edmondson) Balt.

Remarks

353511

Accounting to God and to conscience until the present day

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18

*Fernale*

White.

Nov. 29<sup>th</sup>

#153 Burgundy Ab

Louise H. Goble

Bottle

Russia

Label # bundle

Labour

Bavaria

Mary Koch

3 x 8

f. Entenst

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35355

1879

1879

MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November the 29. 1879*

4. Place of Birth (Street and Number) *N. Dallas St. No. 49 1/2*

5. Full Name of Mother *Anne Schmidt*

6. Mother's Maiden Name *Anna Post*

7. Mother's Birthplace *New York, U. S.*

8. Full Name of Father *Georg Schmidt*

9. Father's Occupation *Boyle maker*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return

Address *N. Dallas St. No. 26.*

*Mary E. Miller*

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35356

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> child
1. Sex (state whether Male or Female) Female child
2. Race or Color (if not of the white race) Colored
3. Date of Birth Nov 29
4. Place of Birth (Street and Number) Wattson St 97
5. Full Name of Mother Catharine Brine
6. Mother's Maiden Name Catharine Madden
7. Mother's Birthplace Easton Shore
8. Full Name of Father James Brine
9. Father's Occupation Oyster Schucker
10. Father's Birthplace Easton Shore
- Name of Medical Attendant, or other Person who makes this Return. mid wife Harriet Britton
- Address No 145 North Eden St
- Remarks



To any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth Dec 29 1879
4. Place of Birth, (Street and Number) Baltimore No 50 Stoll
5. Full Name of Mother Ann Maria Jones
6. Mother's Maiden Name "
7. Mother's Birthplace Windsor
8. Full Name of Father Samuel Jones
9. Father's Occupation Seaman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Antonia M. Green
- Address 149 Broadway
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35358

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

14  $\frac{1}{2}$

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

Black

3. Date of Birth

Nov 29<sup>th</sup>

4. Place of Birth (Street and Number)

134. Stirling St

5. Full Name of Mother

Lizzy Jones

6. Mother's Maiden Name

" Smith

7. Mother's Birthplace

W. Va

8. Full Name of Father

Ben a Jones

9. Father's Occupation

Wagon Carrying

10. Father's Birthplace

Bal<sup>ty</sup> Co Md

Name of Medical Attendant, or other Person who makes this Return.

DeFordham M.D.

Address

No 220 E. Main Street

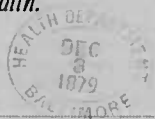
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35359

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 29, 1879
4. Place of Birth (Street and Number) No. 84 Mc Elderry St
5. Full Name of Mother Mrs. Emma E. Carback
6. Mother's Maiden Name Miss Emma E. Pearson
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. Charles A. Carback
9. Father's Occupation Brass Moulder
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. C. Leedman M.D.
- Address No. 102 North Broadway
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35360

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC 2 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

29th Dec

4. Place of Birth (Street and Number)

5. St. Andrew's Alley

5. Full Name of Mother

Isabella Watkins

6. Mother's Maiden Name

Glean

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Watkins

9. Father's Occupation

Plasterer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Crosby

Address

509 & Cathedral St

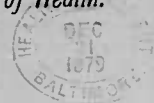
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35361



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 29<sup>th</sup>. 1879

4. Place of Birth (Street and Number)

248 Pierce St

5. Full Name of Mother

Anne B Nicoll

6. Mother's Maiden Name

~~Isell~~ Anne Bartholdt

7. Mother's Birthplace

8. Full Name of Father

Wm James Nicoll

9. Father's Occupation

Slacks in the market

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Rich Henry Thomas M.D.

Address

191 W. Biddle St

Balt.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35362

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 29 1899*
4. Place of Birth (Street and Number) *Castle Alley*
5. Full Name of Mother *Caroline L. Harr*
6. Mother's Maiden Name *Caroline Semons*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *August Harr*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balt.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Jones*
- Address *# 1710 Washington St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35363

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 29th. 1879
4. Place of Birth (Street and Number) No. 547 Balt. Street
5. Full Name of Mother Annie Girsch
6. Mother's Maiden Name Stroup
7. Mother's Birthplace Balt.
8. Full Name of Father Major Girsch
9. Father's Occupation Bakery
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Chas. W. Hays
- Address 200 N. Fayette St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

353611



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 29th 1879*
4. Place of Birth (Street and Number) *No 42 Williamson st*
5. Full Name of Mother *Mary Meyer*
6. Mother's Maiden Name *Winkelbach*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Johann Meyer*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwaeser midwife*
- Address *330 Hanover st.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35365

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 29th 1879*
4. Place of Birth (Street and Number) *No 277 Sharp St*
5. Full Name of Mother *Elizabeth Schleich*
6. Mother's Maiden Name *Schleich*
7. Mother's Birthplace *Germany*
8. Full Name of Father *George Schleich*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schwasser midwife*
- Address *330 Hanover St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 29<sup>th</sup> November
4. Place of Birth (Street and Number) Corner of Thoms and High St
5. Full Name of Mother Eliza J. Edman
6. Mother's Maiden Name Eliza J. Rush
7. Mother's Birthplace Baltimore city
8. Full Name of Father David J. Edman
9. Father's Occupation Brass finisher
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. M<sup>rs</sup> Jane Bayless
- Address No 17 point lane
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35367

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 / child  
 1. Sex (state whether Male or Female) male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 27 of November  
 4. Place of Birth (Street and Number) 433. Alice Anna Street  
 5. Full Name of Mother Susan Green  
 6. Mother's Maiden Name Susan Buckley  
 7. Mother's Birthplace Frederick MD  
 8. Full Name of Father John Green  
 9. Father's Occupation Engineer  
 10. Father's Birthplace Cumberland MD  
 Name of Medical Attendant, or other Person who makes this return Mr. Mary L. Swartz  
 Address 59 Duvern Street  
 Remarks mother and child in Daisy Hall

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35368

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. November 30<sup>th</sup> 1879.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>.
- Sex (state whether male or female) Male
- Race or Color (if not of the white race) White
- Date of Birth November 30<sup>th</sup> 1879.
- Place of Birth (Street and Number) 123 Lurham St.
- Full Name of Mother Annie Steigerwald.
- Mother's Maiden Name Annie Sautz.
- Mother's Birthplace America.
- Full Name of Father John Steigerwald.
- Father's Occupation Ship Carpenter.
- Father's Birthplace America.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. H. Arnold.
- Address No. 137 Wolfe St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35369

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex (state whether male ~~or female~~)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November the 30, 1879.*

4. Place of Birth (Street and Number) *E. Pratt St. No. 109.*

5. Full Name of Mother *Louise Wüstner*

6. Mother's Maiden Name *Louise Sieffenbach*

7. Mother's Birthplace *Widolm N. Württemberg, Germany*

8. Full Name of Father *Jakob Wüstner*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Laßheim N. Württemberg, Germany*

Name of Medical Attendant, or other Person who makes this Return. *May E. Miller*

Address *N. Dallas St. No. 26,*

Remarks

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35370

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Second Child*

1. Sex (state whether Male or Female) *Female Child*

2. Race or Color (if not of the white race) *Colored Child*

3. Date of Birth *On Sunday Nov 30 1879*

4. Place of Birth (Street and Number) *Vine Street*

5. Full Name of Mother *Celia Thomas*

6. Mother's Maiden Name *Franklin*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Lewis Franklin full name*

9. Father's Occupation *Any kind of hard work*

10. Father's Birthplace *Colbert County*

Name of Medical Attendant, or other Person who makes this Return. *Caroline Jones midwife*

Address *236 Vine St Baltimore Md*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 20th 1879*
4. Place of Birth (Street and Number) *2 Durham St*
5. Full Name of Mother *Eliza P McGinn*
6. Mother's Maiden Name *Eliza Powell*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *Edw M McGinn*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E Quinn*
- Address *171 S Washington St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35872

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup> Confinement.
- Sex (state whether Male or Female) Female.
- Race or Color (if not of the white race) White.
- Date of Birth 30. Nov. 1849.
- Place of Birth (Street and Number) No. 327 Biddle St. West.
- Full Name of Mother Helen S. Chew
- Mother's Maiden Name Helen S. Hanson
- Mother's Birthplace Baltimore City
- Full Name of Father William B. Chew
- Father's Occupation Conductor on Balt. & O. R. R.
- Father's Birthplace Prince Georges Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Charles A. Geiger, M. D.

Address

No. 267 Druid Hill Ave.

Remarks

A still birth. Breech presentation with persistent & repeated falling of the cord, which could not be kept out of the way of long continued & fatal compressions.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 30<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No 317 Central Ave*
5. Full Name of Mother *Kate Goebel*
6. Mother's Maiden Name *Kate Singer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Emad Goebel*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. Leger*
- Address *No 182 Monument St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *the 30<sup>th</sup> of November*
4. Place of Birth (Street and Number) *No 156 Madeira Alley*
5. Full Name of Mother *Catharina Thelen*
6. Mother's Maiden Name *Catharina Bohman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Thelen*
9. Father's Occupation *Stone Moulder*
10. Father's Birthplace *Cincinnati Ohio*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Annie Mary Thelen*
- Address *Mrs. A. M. Thelen No 37 Madeira Alley,*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

35375

DEPT. OF HEALTH  
1879  
MORE

- Name of child: *Camille Minz*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 30<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *387 Light St.*
5. Full Name of Mother *Ernesdema (Austina) Minz*
6. Mother's Maiden Name *(Austina) Long*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Jacob Minz*
9. Father's Occupation *Fire Keeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cook M.D.*
- Address *146 N. Ave. St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Nov. 30th, 1879.
4. Place of Birth (Street and Number) 570 Aisquith St
5. Full Name of Mother Catherine Frost
6. Mother's Maiden Name Hess
7. Mother's Birthplace Balt., Md.
8. Full Name of Father Frederick Frost
9. Father's Occupation Stone-Cutter
10. Father's Birthplace Balt., Md.
- Name of Medical Attendant, or other Person who makes this Return. W. B. Billingslee
- Address Harford Ave T. Biddle St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 30 November
4. Place of Birth (Street and Number) 144 Fayette St
5. Full Name of Mother Allen Frischling
6. Mother's Maiden Name Wohlmann
7. Mother's Birthplace N D
8. Full Name of Father Jos of Frischling
9. Father's Occupation Workingman
10. Father's Birthplace N D
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 526 Lombard
- Remarks

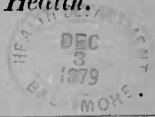
That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

55378

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White Colored
3. Date of Birth 30 Nov
4. Place of Birth, (Street and Number) 21 St James St
5. Full Name of Mother Edisa Smith
6. Mother's Maiden Name Karner
7. Mother's Birthplace Pennsylvania
8. Full Name of Father Henry Smith
9. Father's Occupation Wood Carver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Arnold J. Chrisman
- Address No 7 Forest Ave
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

55279

DEC  
3  
1879  
MONT

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Brown complexion*
3. Date of Birth *November 30<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *N<sup>o</sup> 11 John Alley*
5. Full Name of Mother *Emma Cropper*
6. Mother's Maiden Name *Baily*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *John Cropper*
9. Father's Occupation *Waiter*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address *540 Hamilton St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

26-380



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Nov. 30th*

4. Place of Birth (Street and Number) *140 Sarah Ann*

5. Full Name of Mother *Louisa Stiel*

6. Mother's Maiden Name *"*

7. Mother's Birthplace *Balt. City*

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *H. F. Hill*

Address *361 Franklin St*

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35381

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC  
2  
1879

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup> Confinement

1. Sex (state whether Male or Female)

Living (males)

2. Race or Color (if not of the white race)

3. Date of Birth

30<sup>th</sup> November 1879

4. Place of Birth (Street and Number)

48 Lee St

5. Full Name of Mother

Rosa Blumenthal

6. Mother's Maiden Name

" 114 yrs.

7. Mother's Birthplace

Germany

8. Full Name of Father

Isaac Blumenthal

9. Father's Occupation

Store Keeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

H W Webster

Address

57 Barron

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35582  
HEALTH DEPT. STATISTICAL  
DEC 11 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*
1. Sex (state whether male or female)  *Mädchen*
2. Race or Color (if not of the white race) *Schwarz*
3. Date of Birth *geboren den 30<sup>ten</sup> November*
4. Place of Birth (Street and Number) *15 77. Boffeljark Str*
5. Full Name of Mother *Leise Wollers*
6. Mother's Maiden Name *Leise Patti*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Anderson Wollers*
9. Father's Occupation *Montrose*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Raupmann*
- Address *15 197. S. Dallas Str.*
- Remarks *Henne*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 35353

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth child
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) of white race
3. Date of Birth December 30
4. Place of Birth, (Street and Number) 118 North Calvert St Baltimore
5. Full Name of Mother Mary Munnech
6. Mother's Maiden Name Mary Jacob's
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Fredrick Munnech
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address Mrs Clara Lamb 60 Schroder
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35384

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12<sup>th</sup> child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colored race*
3. Date of Birth *30<sup>th</sup> of november*
4. Place of Birth (Street and Number) *1 plum ally between minto and henrieter*
5. Full Name of Mother *rebecca chow*
6. Mother's Maiden Name *rebecca williams*
7. Mother's Birthplace *west river*
8. Full Name of Father *edward chow*
9. Father's Occupation *hard carrier*
10. Father's Birthplace *west river*
- Name of Medical Attendant, or other Person who makes this return *Abigail brooks 210 warner st*
- Address *between cross and west*
- Remarks *Abraham turner*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

35386



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Male  
White  
November 30 1879  
Bacaster 17 43  
Mennery Cross  
Mennery Banks  
Baltimore  
George Cross  
Macheness  
Baltimore  
Mary J. Full  
99 Lancaster St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Second  
Male

White

November 30<sup>th</sup> 1879

423 Mc Henry St. Balto City

Ellen Belle  
Ellen Flanagan

Balto City

John Belle

Backsmith & Co. & B.

Baltimore, city.

Dr. J. J. Gorman

435 Mc Henry

A healthy child.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35387  
35388

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6. 6th of children*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white child*
3. Date of Birth *30 of November*
4. Place of Birth (Street and Number) *No. 9 Spring Garden*
5. Full Name of Mother *Rachel Gant*
6. Mother's Maiden Name *Rachel Wing*
7. Mother's Birthplace *Baltimore M. D.*
8. Full Name of Father *George Wing*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Cambridge M. D.*
- Name of Medical Attendant, or other Person who makes this Return. *Milly Gross*
- Address *1819 York Street*
- Remarks



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Four*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *November 30. 79*  
 4. Place of Birth (Street and Number) *Pocust Point Cocksey St 212*  
 5. Full Name of Mother *Cathern Harkin*  
 6. Mother's Maiden Name *Cathern Carnagh*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *Neal Harkin*  
 9. Father's Occupation *Labour*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *Margret Estel*  
 Address. *No 13 Cuba St*  
 Remarks

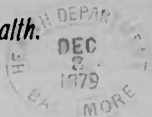


rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 30th 1879

4. Place of Birth (Street and Number)

642 South Charles Street

5. Full Name of Mother

Susan Hitchcock

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

George Hitchcock

9. Father's Occupation

Seaman

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. O'Harrington, M.D.

Address

321 Light St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35391  
HEALTH DEPT  
DEC  
1879  
BALTIMORE

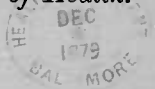
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 South Cross str*
- Sex (state whether male or female) *ML M*
- Race or Color (if not of the white race) *White*
- Date of Birth *30 November 1879*
- Place of Birth (Street and Number) *Cross str 188*
- Full Name of Mother *Martha Augusta Gummter*
- Mother's Maiden Name *Friedricha Dorothea Gummter*
- Mother's Birthplace *Sherman*
- Full Name of Father *Frederick August Gummter*
- Father's Occupation *Sherman*
- Father's Birthplace *Sherman*
- Name of Medical Attendant, or other Person who makes this Return. *Frederick W. M. M. M.*
- Address *No 8 Lehigh St*
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth November 30 1879  
 4. Place of Birth (Street and Number) 58 Monroal St  
 5. Full Name of Mother Tammy R Goenell  
 6. Mother's Maiden Name Horan  
 7. Mother's Birthplace Baltimore City  
 8. Full Name of Father Charles Albert Goenell  
 9. Father's Occupation Clerk  
 10. Father's Birthplace Baltimore City  
 Name of Medical Attendant, or other Person who makes this Return. W. H. Register M.D.  
 Address 501 S. Fayette St Baltimore Md  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35393

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 5

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White Race

3. Date of Birth

30th of November

4. Place of Birth (Street and Number)

56 E Bidle st

5. Full Name of Mother

Annie Klein

6. Mother's Maiden Name

Annie Lutz

7. Mother's Birthplace

Kingshoph Bavaria

8. Full Name of Father

Caesar Klein

9. Father's Occupation

Brick Layer

10. Father's Birthplace

Kingshoph Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Louisa A. G. Croton

Address

10 N Wolfe st

Remarks

Live Born

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 14 RETURN OF A BIRTH.

353911

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 30. 1879*
4. Place of Birth (Street and Number) *St. Hollands Street*
5. Full Name of Mother *Ellen M. Shulteis*
6. Mother's Maiden Name *E. M. Sylvia*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *George D. Shulteis*
9. Father's Occupation *carpenter*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *George C. Dromelle M.D.*
- Address *299 E. Baltimore Street*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth December 1st 1877  
 4. Place of Birth (Street and Number) No. 364 N. W. cor. Monument St.  
 5. Full Name of Mother Minnie Cramer  
 6. Mother's Maiden Name Minnie Cramer  
 Mother's Birthplace Baltimore  
 8. Full Name of Father George Cramer  
 9. Father's Occupation Laborer  
 10. Father's Birthplace Hanover Germany  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. M. S. Bull  
 Address No. 185 S. E. cor. Central & Monument St.  
 Remarks All Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>th</sup>*
1. Sex (state whether Male or Female) *Boys*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1 December*
4. Place of Birth (Street and Number) *206 N. Parkman St*
5. Full Name of Mother *Maria Pruck*
6. Mother's Maiden Name *" " Haisler*
7. Mother's Birthplace *Hor. Bohemia*
8. Full Name of Father *Josef Pruck*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Neuhof, Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *J. Conrad*
- Address *206 N. Parkman St*
- Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35397

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 1<sup>st</sup> 1879

4. Place of Birth (Street and Number)

812 Canton Ave

5. Full Name of Mother

Kate Bruns

6. Mother's Maiden Name

" Weigand

7. Mother's Birthplace

City

8. Full Name of Father

Henry Bruns

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Dec 1st 1879.*  
4. Place of Birth (Street and Number) *206 Fulton St*  
5. Full Name of Mother *Ella Davidson*  
6. Mother's Maiden Name *Ella Shriver*  
7. Mother's Birthplace *Baltimore, Md.*  
8. Full Name of Father *Joseph Davidson*  
9. Father's Occupation *Clerk*  
10. Father's Birthplace *Virginia*  
Name of Medical Attendant, or other Person who makes this return *A. L. Fox, M.D.*  
Address *Cor Fayette & Schroeder Sts*  
Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 12 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth Dec 1st
4. Place of Birth, (Street and Number) Camden St 280
5. Full Name of Mother Mary Lee
6. Mother's Maiden Name Lawrence
7. Mother's Birthplace Baltimore
8. Full Name of Father Franklin Lee
9. Father's Occupation Seaman
10. Father's Birthplace St. John's Island
- Name of Medical Attendant, or other Person who makes this Return. Frederick M. Wilson
- Address 314 N. Charles St
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC  
12  
1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10 d*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *December 1 d. 1879*
4. Place of Birth (Street and Number) *43 Mallemans Str.*
5. Full Name of Mother *Augusta Bredigam*
6. Mother's Maiden Name *Aug. Abel*
7. Mother's Birthplace *Germane*
8. Full Name of Father *Adam Bredigam*
9. Father's Occupation *check marker*
10. Father's Birthplace *Germane*
- Name of Medical Attendant, or other Person who makes this return. *M. R. Rudiger*
- Address *134 Bond St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Dec 1 - 1879*
4. Place of Birth (Street and Number) *137 S. Eden*
5. Full Name of Mother *Christine Beunker*
6. Mother's Maiden Name *Schuchman*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *John Beunker*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Maria Stein*
- Address *151 E Pratt St*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Dec 1st

4. Place of Birth (Street and Number) 42 York St

5. Full Name of Mother Estelle Raisin

6. Mother's Maiden Name Vickson

7. Mother's Birthplace Md

8. Full Name of Father Walter Raisin

9. Father's Occupation Laborer

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. Wells

Address 315 York St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1st Dec.*
4. Place of Birth (Street and Number) *No. 8. Court St.*
5. Full Name of Mother *Columbia Jane & Sussey*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Capit. Raworal*
8. Full Name of Father *Missouri Girardeau Co.*
9. Father's Occupation *Jawes (Riley) & Sussey*
10. Father's Birthplace *Charleston*
- Name of Medical Attendant, or other Person who makes this Return. *Baltimore*
- Address
- Remarks

*Geo. W. Hayson M.D.*  
*18 Airquitt St.*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Dec 1<sup>st</sup>*  
 4. Place of Birth (Street and Number) *37 N. Central St.*  
 5. Full Name of Mother *Mary Virginia Livingston*  
 6. Mother's Maiden Name *Mary Virginia Gardner*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *John Edwin Livingston*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return.  
 Address  
 Remarks

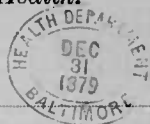
*These Certificates were allowed to lay on Geo. H. Weyson M.D.  
 He deposes General says on set of his absence 18 August 1879  
 from the City*

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec. 15 79.
4. Place of Birth (Street and Number) 303 Sanson St.
5. Full Name of Mother Ella Davis
6. Mother's Maiden Name Thompson
7. Mother's Birthplace Maryland
8. Full Name of Father Michael J. Davis
9. Father's Occupation Builder
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. J. W. C. Cudde
- Address 363 Franklin St.
- Remarks \_\_\_\_\_



**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

No. 1  
9, McCallum St.  
Mary Gassaway  
Mary Jarow  
Pair:

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Gassaway  
Merchant  
Montgomery Co.  
J. H. Wilson

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

251 Mad. An.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35407

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 1 December
4. Place of Birth (Street and Number) 100 Dungham St
5. Full Name of Mother Frederika Frank
6. Mother's Maiden Name Stevens
7. Mother's Birthplace Lucio Frank Germany
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Hooper
- Address 22 Lombard St
- Remarks \_\_\_\_\_

DEC  
6  
13

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

35408



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*1st*  
*Male*  
*White*  
*Dec 1st*  
*329 S. Charles*  
*Catherine Shepard*  
*(Mekle)*  
*Penn*  
*Francis Shepard*  
*Cyfarman*  
*My land*  
*R. H. McClellan*  
*215 E. Light St*

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 8*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *the 1 Dec*

4. Place of Birth (Street and Number) *No 120 E 4th St*

5. Full Name of Mother *Anna Whirland*

6. Mother's Maiden Name *Anna German*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John German*

9. Father's Occupation *Baker*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Christina Lamer*

Address *175 Harford*

Remarks

33410



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 1st 1877
4. Place of Birth (Street and Number) 125 So. East St.
5. Full Name of Mother Mary Amanda Hayes
6. Mother's Maiden Name Mary Amanda Kane
7. Mother's Birthplace Dorchester Co. Maryland
8. Full Name of Father Edward Hayes
9. Father's Occupation Superintendent of Electric Rolling Mill
10. Father's Birthplace Pittsburg, New York
- Name of Medical Attendant, or other Person who makes this Return. A. L. Williams M.D.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35417

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec. 1st 1879
4. Place of Birth, (Street and Number) No. 164 Gadsdenhall St.
5. Full Name of Mother Mary Hegeman
6. Mother's Maiden Name Owen
7. Mother's Birthplace America
8. Full Name of Father Joseph Hegeman
9. Father's Occupation Laborer
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. J. Schayasser midwife
- Address 330 Hanover St.
- Remarks \_\_\_\_\_



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> Child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec 1<sup>st</sup> 1879
4. Place of Birth, (Street and Number) 1516 Fifth Green St
5. Full Name of Mother Elizabeth Thater
6. Mother's Maiden Name Trabant
7. Mother's Birthplace Germany
8. Full Name of Father Phillip Thater
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. L. Lippincott M.D. midwife
- Address 330 Hanover St
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 14th, 1879*
4. Place of Birth (Street and Number) *No 438 North Gay St.*
5. Full Name of Mother *Mrs. Sarah Jane Cole*
6. Mother's Maiden Name *Mrs. S. J. Crozier*
7. Mother's Birthplace *Philadelphia, Pa.*
8. Full Name of Father *Mr. Wm B. Cole*
9. Father's Occupation *Baker*
10. Father's Birthplace *Philadelphia, Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm H. Clevidence M.D.*
- Address *No. 102 North Broadway*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *1st*
1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth *Accompl. 12 (79*
4. Place of Birth (Street and Number) *270 Seegal St.*
5. Full Name of Mother *Rosa Lockwood.*
6. Mother's Maiden Name *Rosa Weiller.*
7. Mother's Birthplace *Europe.*
8. Full Name of Father *Isiah Lockwood*
9. Father's Occupation *Merchant.*
10. Father's Birthplace *Europe.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. B. Mays*
- Address *City.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33416

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 1st
4. Place of Birth, (Street and Number) No 55 Bond st
5. Full Name of Mother Mrs Martha Rasmussen
6. Mother's Maiden Name Gelzke
7. Mother's Birthplace Germany
8. Full Name of Father Carl Rasmussen
9. Father's Occupation Ship Chandler
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. Mrs. Gelzke
- Address No 55 Bond st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 1 1877
4. Place of Birth (Street and Number) Good cross st
5. Full Name of Mother Rebecca J Brown
6. Mother's Maiden Name " " Frazier
7. Mother's Birthplace Balto
8. Full Name of Father Michael Brown
9. Father's Occupation Laborer
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Hart
- Address.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33418

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Dec. 1. 1879
4. Place of Birth (Street and Number) 28 Townsend E. of Charles
5. Full Name of Mother Kate Miller
6. Mother's Maiden Name " Jones
7. Mother's Birthplace Ind
8. Full Name of Father Lewis Miller
9. Father's Occupation Cloth.
10. Father's Birthplace Ind
- Name of Medical Attendant, or other Person who makes this Return. Al James Drayfield
- Address 124 W. Biddle
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

35119  
No 9  
Male age 3 Days  
Bollard

Monday the 1st of December

Dallas Street No 61

Denney Mills

Denney White

Worcester Co Md

Thomas H Mills

Laborer

Baltimore Md

Mary Walker

49 S Dallas Street

Cause of Death Spasms of the Bowels

Undertaker

George T Jones  
Dallor 3rd Bornling  
110 S. Bell St



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

357420

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Decr 1st 1879

4. Place of Birth (Street and Number)

22.20 Fayette St

5. Full Name of Mother

Ellenora Gittings Hughes

6. Mother's Maiden Name

Weaver

7. Mother's Birthplace

Dallas City

8. Full Name of Father

Wm. J. Hughes

9. Father's Occupation

Undertaker

10. Father's Birthplace

Louisville Ky

Name of Medical Attendant, or other Person who make this Return.

J. E. Carroll M.D.

Address

3 E. of Bay St (Carroll's Studio)

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth December 1st 1879  
 4. Place of Birth, (Street and Number) 376 Park Avenue  
 5. Full Name of Mother Lizzie Dixon Burns  
 6. Mother's Maiden Name Lizzie Dixon Brown  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Finley Highland Burns  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return H. B. Milton Jr. M.D.  
 Address 146 Park Avenue  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35422

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 1<sup>st</sup>
4. Place of Birth (Street and Number) + 1145 Sharp St.
5. Full Name of Mother Catherine Bruckheimer
6. Mother's Maiden Name Jackle
7. Mother's Birthplace Baltimore
8. Full Name of Father Erhardt Bruckheimer
9. Father's Occupation Prussian
10. Father's Birthplace Porten
- Name of Medical Attendant, or other Person who makes this Return. Mary Krok
- Address 328 ft. Eutaw st
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35423

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 1st 1877*
4. Place of Birth (Street and Number) *# 15 Ridgely St*
5. Full Name of Mother *Emma O'Brien*
6. Mother's Maiden Name *Anderson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John O'Brien*
9. Father's Occupation *Police*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Koch*
- Address *328 S. Eutaw St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

3571211

DEC  
12  
1895

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 1st 1899*
4. Place of Birth (Street and Number) *# 1895 Chestnut St*
5. Full Name of Mother *Katie B. Meuser*
6. Mother's Maiden Name *Katie Bausch*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Wm. G. Meuser*
9. Father's Occupation *Buckster*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Meuser*
- Address *# 171 D Washington St.*
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether male or female) *girl*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Dec 1st 1879*

4. Place of Birth (Street and Number) *# 362 Canton Ave*

5. Full Name of Mother *Augusta K. Mills*

6. Mother's Maiden Name *Augusta Kremer*

7. Mother's Birthplace *Balto.*

8. Full Name of Father *J. Mills*

9. Father's Occupation *grocer*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E Quinn*

Address *# 171 1/2 Washington St.*

Remarks

*35423*

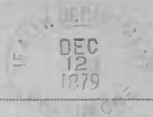
DEC  
12  
1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35426



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth December 1 1879
4. Place of Birth (Street and Number) 91 Washingtonstr.
5. Full Name of Mother Maria Ochs
6. Mother's Maiden Name M. Auchenberg
7. Mother's Birthplace Germany
8. Full Name of Father Friedrich Ochs
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 139 N. Bondstr.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35427

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 2. December

4. Place of Birth (Street and Number) 205 Columbia St

5. Full Name of Mother Anna Perina

6. Mother's Maiden Name " Cesar

7. Mother's Birthplace Staritzker Bohemia

8. Full Name of Father John Perina

9. Father's Occupation Tailor

10. Father's Birthplace Carl Janowitz Bohemia

Name of Medical Attendant, or other Person who makes this Return J. Conrad

Address 20 Barnes St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *December 2<sup>nd</sup> 1879*  
 4. Place of Birth (Street and Number) *No. 178 Ramsay St.*  
 5. Full Name of Mother *Annie Miller*  
 6. Mother's Maiden Name *Annie Walton*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Jacob Miller*  
 9. Father's Occupation *Loggar Maker*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Jane Mercer*  
 Address. *No. 136 W. Henry St. Baltimore Md.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35429

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) white
3. Date of Birth DEC 25 1879
4. Place of Birth (Street and Number) 34 Lemon
5. Full Name of Mother Leonard
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace Ireland
8. Full Name of Father Jas Leonard
9. Father's Occupation Police officer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Edw J. McCallum
- Address 279. W. Lombard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



357130

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 2nd 1879
4. Place of Birth (Street and Number) 95 Laven Alley
5. Full Name of Mother Mrs Mary Bouchat
6. Mother's Maiden Name Mrs Mary Reichen
7. Mother's Birthplace Baltimore
8. Full Name of Father Mr John Bouchat
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mr C. Seebach
- Address 439 N. Pratt St
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35431

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



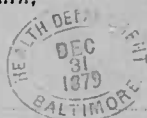
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec. 2. 1879
4. Place of Birth, (Street and Number) Co Lombard St 333.
5. Full Name of Mother Frederick Schaeffer
6. Mother's Maiden Name Getz
7. Mother's Birthplace Rottenbach, Prussia
8. Full Name of Father Joseph Schaeffer
9. Father's Occupation Schneider
10. Father's Birthplace Rottenbach, Prussia
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. Prange
- Address W. J. Prange
- Remarks \_\_\_\_\_

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35432

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *December 25 79*
4. Place of Birth (Street and Number) *164 N. Leary*
5. Full Name of Mother *Katherine Leok*
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace *Scamell Co. Md*
8. Full Name of Father *Henry Leok*
9. Father's Occupation *Postal Agent*
10. Father's Birthplace *Scamell Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *John Hoff Mt.*
- Address *515 W. 10th St*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Don Charlotte Banton*

TH DEF  
JAN  
1880  
BALTIMORE

1. Sex (state whether Male or Female)

*Boy Colored*

2. Race or Color (if not of the white race)

3. Date of Birth

*Registered At*

4. Place of Birth (Street and Number)

*Baltimore Registered At No 116*

5. Full Name of Mother

*Charlotte Christina Banton*

6. Mother's Maiden Name

*Charlotte Christina Coal*

7. Mother's Birthplace

*E Shore Maryland*

8. Full Name of Father

*Horace Banton*

9. Father's Occupation

*an Oyster opener*

10. Father's Birthplace

*Holbut*

*Conn*

*Annina Wiggins*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

387431-

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 2<sup>nd</sup> of Dec. 1878.
4. Place of Birth, (Street and Number) Charlotte St. Luke
5. Full Name of Mother Caroline Fossine
6. Mother's Maiden Name Baltimore
7. Mother's Birthplace Dayette St.
8. Full Name of Father Dejial Fossine
9. Father's Occupation Paper Hanger,
10. Father's Birthplace Baltimore City.
- Name of Medical Attendant, or other Person who makes this Return. Mary Wall
- Address 125 W. Charlotte St.
- Remarks Baltimore City

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second.*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White.*  
 3. Date of Birth *December 2/79.*  
 4. Place of Birth (Street and Number) *N. W. Corner Biddle & Penn. Aves.*  
 5. Full Name of Mother *Jennie E. Keller.*  
 6. Mother's Maiden Name *Simontan*  
 7. Mother's Birthplace *Rockland, Maine,*  
 8. Full Name of Father *Wilmes L. Keller.*  
 9. Father's Occupation *Druggist*  
 10. Father's Birthplace *Baltimore, Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *H. R. Jetterhoff M.D.*  
 Address *77 George St. &*  
*205 W. Biddle St.*  
 Remarks

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

351486  
DEC 3 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 51
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 2
4. Place of Birth, (Street and Number) 227 Harford Ave
5. Full Name of Mother Fanny Blakely
6. Mother's Maiden Name Knobly
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Blakely
9. Father's Occupation Stone Cutter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Arnold J. Chaisner
- Address No 7 Forrest Place
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. *Aug 30 1873*



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 24 1872*
4. Place of Birth (Street and Number) *143 Bank Street*
5. Full Name of Mother *Katie Elbert*
6. Mother's Maiden Name *Katie Elbert*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henry Paulstich*
9. Father's Occupation *Baker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Arnold*
- Address *137 South Wolfe St.*
- Remarks *(initials)*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. *July 24*



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
- Sex (state whether male or female) *female*
- Race or Color (if not of the white race) *White*
- Date of Birth *July 2nd 1878*
- Place of Birth (Street and Number) *(Ipswich St)*
- Full Name of Mother *M. Ann Seichel*
- Mother's Maiden Name *Minie Kohn*
- Mother's Birthplace *Germany*
- Full Name of Father *Jacob Seichel*
- Father's Occupation *Laborer*
- Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Amend*
- Address *137 South Gay St.*
- Remarks *H*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six months thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the male or female name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec 2<sup>nd</sup> 1879
4. Place of Birth, (Street and Number) No. 167 West St
5. Full Name of Mother Louise Kettchen
6. Mother's Maiden Name Schmidt
7. Mother's Birthplace Germany
8. Full Name of Father John Kettchen
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Schmasser midwife
- Address 330 Hanover St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 2nd 1879

4. Place of Birth (Street and Number)

No 86 William St.

5. Full Name of Mother

Estelle Brown.

6. Mother's Maiden Name

Estelle Willey.

7. Mother's Birthplace

Baltimore City.

8. Full Name of Father

George Franklin Brown

9. Father's Occupation

A Drayman

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

M. J. Leman

Address

435 W. McHenry St.

Remarks

A healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

354-1

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 5*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *born on the 24th Dec. 1879*

4. Place of Birth (Street and Number) *14 Browns Lane*

5. Full Name of Mother *Lina Beck*

6. Mother's Maiden Name *L. Fehner*

7. Mother's Birthplace *born in Wunsenberg Germany*

8. Full Name of Father *F. L. Beck*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *born in Bessen Germany*

Name of Medical Attendant, or other Person who makes this return *W. H. Miller*

Address *1014 West Pratt St*

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

337142

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether ~~Male~~ or Female)

Female  
White

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 2nd 1879

4. Place of Birth (Street and Number)

164 N Carey St

5. Full Name of Mother

Helen McCook

6. Mother's Maiden Name

Helen M. Hammond

7. Mother's Birthplace

Carroll County Md

8. Full Name of Father

Alfred P. Cook

9. Father's Occupation

Clerk B. O. Mail Service

10. Father's Birthplace

Carroll County Md

Name of Medical Attendant, or other Person who  
makes this Return.

A. H. White M.D.

Address

125 Carrollton Av.

Remarks

Healthy & well developed

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

Child of Mother, (state whether 1st, 2d, 3d, &c.)

(state whether Male or Female)

or Color (if not of the white race)

of Birth

of Birth (Street and Number)

Name of Mother

er's Maiden Name

er's Birthplace

Name of Father

er's Occupation

er's Birthplace

of Medical Attendant, or other Person who makes this Return.

ress

marks

354113



5th

Male

white

Dec 2<sup>nd</sup> 1879

corner Balto county

Calvine Hanna

Esther Schumann

Balto city

John Hanna

Boat wrl Distiller

Ireland

Mrs. Knight

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 9th*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *14th Dec*  
 4. Place of Birth (Street and Number) *No 216 N. 7th St*  
 5. Full Name of Mother *Anne Bremer*  
 6. Mother's Maiden Name *Anne Kramer*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Leonard Kramer*  
 9. Father's Occupation *Alm. Maker*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Cristina Lauer*  
 Address *173 Harper St.*  
 Remarks

*1877*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in record, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *December 12 1879*  
 4. Place of Birth (Street and Number) *no 56 Semmorsell St*  
 5. Full Name of Mother *Lucy J. Edman*  
 6. Mother's Maiden Name *Lucy J. Mitchell*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Es. J. Edman*  
 9. Father's Occupation *Gas Fitter*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *Amanda Hoffman*  
 Address *378 East Monument*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether male or female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December the 2, 1879.*
4. Place of Birth (Street and Number) *Jefferson near Castle St. no number*
5. Full Name of Mother *Theresia Müller*
6. Mother's Maiden Name *Theresia Schwarzhauer*
7. Mother's Birthplace *Herkershausen, N. Bavaria, Germany*
8. Full Name of Father *Lothar Müller*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Oberseemen, Gr. Hessen, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*
- Address *N. Eolas St. No. 26.*
- Remarks



That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *December 2<sup>nd</sup>*
4. Place of Birth (Street and Number) *5<sup>th</sup> W High st*
5. Full Name of Mother *Martha Melia*
6. Mother's Maiden Name *Martha McLinden*
7. Mother's Birthplace *Savannah Georgia*
8. Full Name of Father *John Melia*
9. Father's Occupation *Manufacturer of Pictures & Glass Frames, &c*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Carver and Johanna*
- Address *No 26 South W 1st Baltimore*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35415

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 12th 2nd of December 1892

4. Place of Birth (Street and Number) 29 North Chapple Street

5. Full Name of Mother Kate Bauer

6. Mother's Maiden Name Kate Lincer

7. Mother's Birthplace Baltimore

8. Full Name of Father John Lincer

9. Father's Occupation Grocer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. J. J. Lincer

Address 29 North Chapple Street for further particulars

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

35749

DEPT. OF HEALTH  
9  
1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 2<sup>nd</sup> 1879
4. Place of Birth (Street and Number) 142 W. Calverton St
5. Full Name of Mother Annie Allers
6. Mother's Maiden Name Annie Hogg
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John H. Allers
9. Father's Occupation Shoe Maker
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Theodore A. H. M.D.
- Address 146 Hanover St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38450

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 2nd 1879.*

4. Place of Birth (Street and Number) *Monroe St. Baltimore City*

5. Full Name of Mother *Cazyar Keen.*

6. Mother's Maiden Name *Cazyar Knight.*

7. Mother's Birthplace *Harding, Harford Co. Md.*

8. Full Name of Father *Samuel Keen.*

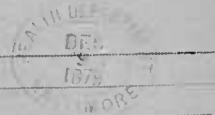
9. Father's Occupation *Police Officer.*

10. Father's Birthplace *Harford County - Md.*

Name of Medical Attendant, or other Person who makes this Return. *Mr. J. Lemon*

Address *435 N. McHenry St. City*

Remarks *A healthy baby*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Dec 8 1879*  
 4. Place of Birth (Street and Number) *Mt. View 165 W. Lombard St*  
 5. Full Name of Mother *Catherine Thomas*  
 6. Mother's Maiden Name *Van*  
 7. Mother's Birthplace *Van*  
 8. Full Name of Father *Murphy*  
 9. Father's Occupation  
 10. Father's Birthplace  
 Name of Medical Attendant, or other Person who makes this Return. *J. H. Brantner and*  
 Address *165 W. Lombard St*  
 Remarks *Mother and Child doing well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 8 days old
4. Place of Birth (Street and Number) No 98 Dallas st
5. Full Name of Mother Sarah Furrnell
6. Mother's Maiden Name Sarah Anderson
7. Mother's Birthplace snaw Hill md
8. Full Name of Father John Anderson
9. Father's Occupation Barber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. No 46 South Dallas st - <sup>Walker</sup> Lee
- Address No 46 South Dallas st
- Remarks not any

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *December 3, 1879*
4. Place of Birth (Street and Number) *50 Morris Alley*
5. Full Name of Mother *Mary. M. Wayne*
6. Mother's Maiden Name *Mary Mills*
7. Mother's Birthplace *Catoxville Balto Co.*
8. Full Name of Father *Emanuel T. Wayne*
9. Father's Occupation *Grocer*
10. Father's Birthplace *Elizabeth County Va.*
- Name of Medical Attendant, or other Person who makes this return *Leester Bordley M.D.*
- Address *85 Orchard Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3514511

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec 3<sup>rd</sup> 1879
4. Place of Birth (Street and Number) 391 Eastern Ave
5. Full Name of Mother Catherine C Thiement
6. Mother's Maiden Name Wisner
7. Mother's Birthplace City
8. Full Name of Father Joseph Thiement
9. Father's Occupation Laborer
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Beltz
- Address 245 Canton Ave
- Remarks \_\_\_\_\_





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35455

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3d  
Male  
White  
December 3d 1879  
87 Fort Avenue  
Agnes Kelly  
Agnes Perkins  
Ma  
William Kelly  
Machinist  
H. B. Noble  
17 Hammar

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 3rd 1879*
4. Place of Birth (Street and Number) *No 6 Northchurch St*
5. Full Name of Mother *Annie A. Miller*
6. Mother's Maiden Name *Annie A. Cooper*
7. Mother's Birthplace *Philadelphia Pa.*
8. Full Name of Father *George W. Miller*
9. Father's Occupation *Lin. & Sheet Iron Worker*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Catherine Seelack*
- Address *437 N Pratt St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) W.
3. Date of Birth December 3<sup>d</sup> 1879
4. Place of Birth (Street and Number) P. Williams Street N. E. 7
5. Full Name of Mother Elizabeth Humann
6. Mother's Maiden Name Elizabeth Wittenloef
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Ernest Humann
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return Dr. Gottlieb Brune
- Address N. 114 Baltimore St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31458

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 3rd*
4. Place of Birth (Street and Number) *No John H*
5. Full Name of Mother *Stella Robertson*
6. Mother's Maiden Name *Fisher*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *A R Robertson*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Puzzin Buckner*
- Address *130 N Charles*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December the 3rd 1879
4. Place of Birth, (Street and Number) no 30 Frederick Avenue
5. Full Name of Mother Grace Emma Hilphand
6. Mother's Maiden Name Whiteley
7. Mother's Birthplace Baltimore City
8. Full Name of Father Jacob C. Hilphand
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Corall, Co Md
- Name of Medical Attendant, or other Person who makes this Return. Susan Hunter
- Address 214 Bayreton St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Dec 14 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth December 8 1879
4. Place of Birth (Street and Number) 284 Dallas St
5. Full Name of Mother Josephine Tavaner
6. Mother's Maiden Name Josephine Williams
7. Mother's Birthplace Baltimore
8. Full Name of Father George Tavaner
9. Father's Occupation Labour
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address same as the child William Tavaner
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32461

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



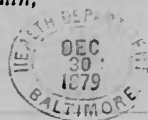
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Dec 3<sup>rd</sup>. 1879.*
4. Place of Birth (Street and Number) *30 N. Carrollton Ave,*
5. Full Name of Mother *Elizabeth Allen*
6. Mother's Maiden Name *" Davis.*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Ed. E. Allen.*
9. Father's Occupation *Clerk.*
10. Father's Birthplace *Balt.*
- Name of Medical Attendant, or other Person who makes this Return. *Albert Stephen M.D.*
- Address *427 W. Fayette st.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35462

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
- Sex (state whether Male or Female) Male
- Race or Color (if not of the white race) White
- Date of Birth Dec. 3rd 1879
- Place of Birth (Street and Number) 481- N. Fremont - 21-
- Full Name of Mother Susan Manning
- Mother's Maiden Name Susan Healy
- Mother's Birthplace Baltimore City
- Full Name of Father James Manning
- Father's Occupation Clerk
- Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. H. H.
- Address Carey & Westman at City
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35468

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

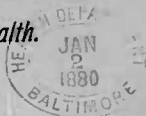
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth December 3<sup>rd</sup> 630 A.M.  
4. Place of Birth (Street and Number) No. 6. Little Calhoun St.  
5. Full Name of Mother Mr. James Kearney  
6. Mother's Maiden Name Mary O'Neil  
7. Mother's Birthplace Balk. Ind.  
8. Full Name of Father James Kearney  
9. Father's Occupation Boiler Maker  
10. Father's Birthplace Boston Mass.  
Name of Medical Attendant, or other Person who makes this Return. H. Tucker, M.D.  
Address 530 Penna. Av.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

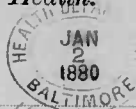


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether male or female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *3<sup>rd</sup> of December 1879.*
4. Place of Birth (Street and Number) *126 Burgandy st.*
5. Full Name of Mother *Augusta Oberlach.*
6. Mother's Maiden Name *Augusta Heiser.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *Christain Oberlain*
9. Father's Occupation *Shoemaker.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Redfurn. Munn*
- Address *8 S. Davidson St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *3. December 79.*
4. Place of Birth (Street and Number) *L.O. Carey St.*
5. Full Name of Mother *Katharine Louise Albrecht*
6. Mother's Maiden Name *Plösch*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Albrecht*
9. Father's Occupation *Singer, Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Karffman M.D.*
- Address *8 S. Davidson St. L.O. Carey St. Baltimore Md.*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

331167  
DEC  
12  
1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth December 3 d. 1879
4. Place of Birth (Street and Number) Corner Orlien and Bondstr.
5. Full Name of Mother Katherine Fuhrer
6. Mother's Maiden Name Kath Paikel
7. Mother's Birthplace German
8. Full Name of Father Elias Fuhrer
9. Father's Occupation Shoe maker
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Mrs. R. Rudiger
- Address 124 Bondstr.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Decr 3rd 1879

4. Place of Birth (Street and Number)

2 S. Patterson Park Ave

5. Full Name of Mother

Emma B Cole

6. Mother's Maiden Name

Emma Burns

7. Mother's Birthplace

Balto

8. Full Name of Father

Michael Cole

9. Father's Occupation

Seaman

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary E. Lewis

Address

#171 S Washington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) White

3. Date of Birth December 3rd 1879

4. Place of Birth (Street and Number) Stirling St. 23

5. Full Name of Mother Louisa P. Beck

6. Mother's Maiden Name " Johnson

7. Mother's Birthplace Baltimore

8. Full Name of Father Stephen Beck

9. Father's Occupation Driver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James R. Allen

Address 45 Maryland St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35470

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
- Sex (state whether Male or Female) Male
- Race or Color (if not of the white race) white
- Date of Birth 3 December 1879
- Place of Birth (Street and Number) Banks Street 218
- Full Name of Mother Mary Thorland
- Mother's Maiden Name " Lager
- Mother's Birthplace Baltimore City
- Full Name of Father Thomas Thorland
- Father's Occupation Laborer
- Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. William Hensel M.D.
- Address S. Wolpert's 117.
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33471

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child  
Female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec 3rd 1879

4. Place of Birth, (Street and Number)

No 423 Hanover st

5. Full Name of Mother

Anna Alice Har

6. Mother's Maiden Name

Shue.

7. Mother's Birthplace

America

8. Full Name of Father

Theodor Alice Har

9. Father's Occupation

Wreck man

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schwaner midwife

Address

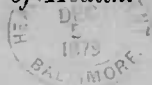
330 Hanover st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth December 3
4. Place of Birth (Street and Number) 501 Argemont st
5. Full Name of Mother Virginia Whittier Pro
6. Mother's Maiden Name Virginia Whittier
7. Mother's Birthplace Frederick Co Md
8. Full Name of Father Joseph A Pro
9. Father's Occupation Driver
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Sam J Bayless
- Address 1217 Grant Lane
- Remarks \_\_\_\_\_

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December the 3rd*

4. Place of Birth (Street and Number) *4018 Center St.*

5. Full Name of Mother *Alary Phill*

6. Mother's Maiden Name *Creswinkel*

7. Mother's Birthplace *Germany*

8. Full Name of Father *William Phill*

9. Father's Occupation *Lawyer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return *Sophia Simon*

Address *1270 Grandy St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3511711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 3 1873

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 23
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 3 December
4. Place of Birth (Street and Number) 12 Worker St
5. Full Name of Mother Annie Barker
6. Mother's Maiden Name Prokman
7. Mother's Birthplace N Y
8. Full Name of Father Hugo Barker
9. Father's Occupation Sawyer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Casper
- Address 52 E Lombard St
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec. 3d, 1879

4. Place of Birth (Street and Number)

78 Bolton St

5. Full Name of Mother

Theodosia Armstrong

6. Mother's Maiden Name

" Muller

7. Mother's Birthplace

Maryland

8. Full Name of Father

Robert K. Armstrong

9. Father's Occupation

Broker

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. P. Morgan

Address

175 Saratoga St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1-6-55  
33476  
WITH NAME ADDED  
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

John Stillman ————— Kunichen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) wht

3. Date of Birth Dec 3. 1879

4. Place of Birth (Street and Number) 101 Charles st ave

5. Full Name of Mother Mary Kunichen

6. Mother's Maiden Name " Jones

7. Mother's Birthplace Maryland

8. Full Name of Father Bro S. Kunichen

9. Father's Occupation atty + claim agt

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

G Lane, Foreyhill

Address 129 W Middle

Remarks a large boy.

For Return of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Henry Bense  
1. Sex (state whether Male or ~~Female~~) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Dec 3 1879  
4. Place of Birth (Street and Number) 81 N Schroeder St-  
5. Full Name of Mother Mary E Benson Bense  
6. Mother's Maiden Name Mary E Ruffin  
7. Mother's Birthplace Balt City Md  
8. Full Name of Father William Benson Bense  
9. Father's Occupation Carpenter  
10. Father's Birthplace Balt City Md  
Name of Medical Attendant, or other Person who makes this Return. Wm C. ...  
Address 498 W Fayette St-  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

3-24-78  
REC  
1879  
BAL  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 10 1879*
4. Place of Birth (Street and Number) *440 W. Fayette St*
5. Full Name of Mother *Mary E. Hopkins*
6. Mother's Maiden Name *Mary E. Tudor*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Rich<sup>d</sup> N. Hopkins*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*
- Address *146 Harrison St*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec 3rd 1879
4. Place of Birth, (Street and Number) No 168 Cross st
5. Full Name of Mother Elizabeth Hoffman
6. Mother's Maiden Name Kaiser
7. Mother's Birthplace America
8. Full Name of Father Wilhelm Hoffman
9. Father's Occupation Cigar maker
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. J. Schlegel midwife
- Address 330 Hanover st.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33480

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Dec 4<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *159 S. Sharp St.*
5. Full Name of Mother *Ida Zeller.*
6. Mother's Maiden Name *" Odendorf.*
7. Mother's Birthplace *Balti. City.*
8. Full Name of Father *Jno Zeller.*
9. Father's Occupation *Dry Goods Merchant.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this return *R. J. N. Tall, Jr. D.*
- Address *152 Sharp St.*
- Remarks *Child living*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Brown Skin*
3. Date of Birth *4 days old*
4. Place of Birth (Street and Number) *Dallas St no 64*
5. Full Name of Mother *Lettie Johnson*
6. Mother's Maiden Name *do*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *no count for further*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Learer Walker*
- Address *no 46 south Dallas st*
- Remarks *not any*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

331189

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 4<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No 420 Gay St*
5. Full Name of Mother *Mary Ann*
6. Mother's Maiden Name *Indy Gath*
7. Mother's Birthplace *Germans*
8. Full Name of Father *John*
9. Father's Occupation *Deers & Co.*
10. Father's Birthplace *Germans*
- Name of Medical Attendant, or other Person who makes this Return. *John H. Jones*
- Address *No 82 1/2 Monument St*
- Remarks

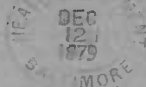
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

357183

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth Dec 4th
4. Place of Birth, (Street and Number) Baltimore No 211 Lomb
5. Full Name of Mother Georgiana Pitty
6. Mother's Maiden Name Bennet
7. Mother's Birthplace Baltimore
8. Full Name of Father William Pitty
9. Father's Occupation Seaman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Frederick Wilson
- Address 214 Lomb
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

117 Castle St. Dec. 14, 1879.

4. Place of Birth, (Street and Number)

117 Castle St.

5. Full Name of Mother

Sophia Simpson

6. Mother's Maiden Name

Myers

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Benj. N. Simpson

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allenell

Address

286 E. Dorough St.

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

33485

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



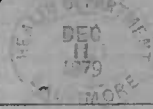
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 4<sup>th</sup> 1879
4. Place of Birth (Street and Number) 54 Broadway
5. Full Name of Mother —
6. Mother's Maiden Name —
7. Mother's Birthplace Baltimore
8. Full Name of Father James Gill
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Edw. S. Nicholson
- Address 279 W. Lombard
- Remarks

# RETURN OF A BIRTH,

337486

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth 4th of December

4. Place of Birth, (Street and Number) Boyd St No 35

5. Full Name of Mother Mary Margarethe Seime

6. Mother's Maiden Name Disternweg

7. Mother's Birthplace Herzogenhausen Nassau

8. Full Name of Father Henry J. Seime

9. Father's Occupation Cooper

10. Father's Birthplace Hesse Darmstadt

Name of Medical Attendant, or other Person who makes this Return. H. J. Seime

Address Mrs Anna Lumbert Schrahe

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *7 days Old*
4. Place of Birth (Street and Number) *45 Dallas St*
5. Full Name of Mother *Elizabeth Sautter*
6. Mother's Maiden Name *Elizabeth Blunt*
7. Mother's Birthplace *Kent County and*
8. Full Name of Father *J. P. Blunt*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Leah Walker*
- Address *49 Dallas St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 4<sup>th</sup> 1879

4. Place of Birth (Street and Number)

41. ~~St.~~ S. Whatcoat St.

5. Full Name of Mother

Mrs. Lewis Eckstein

6. Mother's Maiden Name

Josephine McKison

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Lewis Eckstein

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

J. William McKison

Address

520 Penna. Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35489

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC 12 1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth December 4 d. 1879
4. Place of Birth (Street and Number) Cover Lambert and Challe streets
5. Full Name of Mother E. C. Cuzman
6. Mother's Maiden Name E. C. Ordman
7. Mother's Birthplace Baltimore
8. Full Name of Father Johan Cuzman
9. Father's Occupation Grocer Dealer
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Maurice R. Rudiger
- Address 137 N. Bond St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35490

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4* *12.77*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth *December 4*

4. Place of Birth (Street and Number) *Baltimore West ST 25*

5. Full Name of Mother *Annie Reese*

6. Mother's Maiden Name *Annie Barnes*

7. Mother's Birthplace *West - Minnesota*

8. Full Name of Father *John Le Spence*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Mrs. M. Shopper*

Address *114 Ridgely St*

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35491

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) Twins, Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 4<sup>th</sup> of Dec 1874.
4. Place of Birth, (Street and Number) 111 Chew. St.
5. Full Name of Mother Mina G. G. G.
6. Mother's Maiden Name Mina Schlemmer
7. Mother's Birthplace Baltimore City
8. Full Name of Father Shoe Walker
9. Father's Occupation German butler,
10. Father's Birthplace Germany,
- Name of Medical Attendant, or other Person who makes this Return. Mary Waller
- Address 126 W. Caroline
- Remarks Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35492

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 4 Dec 13 1879
4. Place of Birth (Street and Number) St. 4 No 16 Spring Hill
5. Full Name of Mother Josephine Williams
6. Mother's Maiden Name L. Hunt
7. Mother's Birthplace Baltimore
8. Full Name of Father William L. Williams
9. Father's Occupation Porter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Dr. Williams
- Address 70 Thackeray St.
- Remarks Birth not true

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 14th 79
4. Place of Birth (Street and Number) Cor. Pratt & Stockholm St
5. Full Name of Mother Brotha Marcus
6. Mother's Maiden Name " Miller
7. Mother's Birthplace Hutchinson
8. Full Name of Father Philip Marcus
9. Father's Occupation Laborer
10. Father's Birthplace Hessendarmstadt Ger.
- Name of Medical Attendant, or other Person who makes this Return. Mary Hook
- Address 328 N. Eutaw St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

354911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 1/2

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 18 1879

4. Place of Birth (Street and Number) 117 North St

5. Full Name of Mother Anna Maria Bernhardt

6. Mother's Maiden Name Anna Maria Bernhardt

7. Mother's Birthplace Germany

8. Full Name of Father John Bernhardt

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33495

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 4th, 1879.
4. Place of Birth (Street and Number) No. 230 W. 11th St.
5. Full Name of Mother Kate Annos.
6. Mother's Maiden Name Lundstrum.
7. Mother's Birthplace Baltimore
8. Full Name of Father Budd Annos.
9. Father's Occupation Musician
10. Father's Birthplace Baltimore.
- Name of Medical Attendant, or other Person who makes this Return. Mr. M. J. Britt.
- Address No 185 S.E. cor. Central Av. & Monument St.
- Remarks J.C. Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 4 of December
4. Place of Birth (Street and Number) 134 Central Avenue
5. Full Name of Mother Mary Hillman
6. Mother's Maiden Name Vieck
7. Mother's Birthplace Germany
8. Full Name of Father Herman Hillman
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Solomia Simon
- Address No. 70 Grand St.
- Remarks

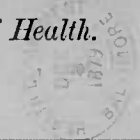
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35497

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 21<sup>st</sup> 1879*

4. Place of Birth (Street and Number) *N. Bond St. No. 311.*

5. Full Name of Mother *Margaretha Brendsch*

6. Mother's Maiden Name *Margaretha Boudinard*

7. Mother's Birthplace *Prainfeld, Gr. Hissen, Germany*

8. Full Name of Father *Friedrich Brendsch*

9. Father's Occupation *Copper Smith*

10. Father's Birthplace *Redwitz, N. Bawern, Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address *N. Dallas St. 1326.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) colored  
3. Date of Birth December 4th  
4. Place of Birth (Street and Number) no 81 dover st  
5. Full Name of Mother Sarah whitington  
6. Mother's Maiden Name Sarah dean  
7. Mother's Birthplace colbert county  
8. Full Name of Father JAMES whitington  
9. Father's Occupation laborer  
10. Father's Birthplace Sumner set county  
Name of Medical Attendant, or other Person who makes this Return. Mrs Lydia Porter  
Address no 4 patpsco avenue  
Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) wht.
3. Date of Birth Nov 4. 1879.
4. Place of Birth (Street and Number) 44 Sple Low St.
5. Full Name of Mother Bridget Ryan
6. Mother's Maiden Name " Feenan
7. Mother's Birthplace Maryland
8. Full Name of Father Geo Ryan
9. Father's Occupation Shoemaker
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. G Lane Daneyhue
- Address 129 W Middle St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35500

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 4 1879
4. Place of Birth (Street and Number) Madison Avenue - Hutz
5. Full Name of Mother Mary Banghall
6. Mother's Maiden Name Mary Swartz
7. Mother's Birthplace Germany
8. Full Name of Father J. B. Banghall
9. Father's Occupation Baker
10. Father's Birthplace Wilmington, Delaware State
- Name of Medical Attendant, or other Person who makes this Return. J. E. Shultz
- Address 211 Asquith
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35501

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Sixth*  
1. Sex (state whether Male or Female) *male*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *Dec-4<sup>th</sup> 1877*  
4. Place of Birth (Street and Number) *5-437 Harford ave.*  
5. Full Name of Mother *Mary Ahe*  
6. Mother's Maiden Name *Mary Jones*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *Charles Ahe*  
9. Father's Occupation *river*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *A. J. Watson*  
Address *437 N. Central Ave*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 5<sup>th</sup> 1879

4. Place of Birth (Street and Number)

339 1/2 Hanford Ave

5. Full Name of Mother

Clara Meredith

6. Mother's Maiden Name

Clara Denison

7. Mother's Birthplace

Balt. Md

8. Full Name of Father

Geo. Meredith

9. Father's Occupation

Baggage Master U. S. R.R.

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

Silas P. Hendricks M.D.

Address

36 Courmont Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 25. 1875*
4. Place of Birth (Street and Number) *21 Caroline Avenue*
5. Full Name of Mother *Mary Ann Broom*
6. Mother's Maiden Name *Mary Ann Housh*
7. Mother's Birthplace *Balto. City*
8. Full Name of Father *Lucie E. Broom*
9. Father's Occupation *Grocer*
10. Father's Birthplace *Balto. City*
- Name of Medical Attendant, or other Person who makes this Return... *Lucie E. Broom M.D.*
- Address *29 E. Baltimore Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

365011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 16 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 5*
4. Place of Birth (Street and Number) *Cor. Calver & Cumberland*
5. Full Name of Mother *Medora A. Sullivan*
6. Mother's Maiden Name *Medora A. Morsey*
7. Mother's Birthplace *Plum Point Calvert County Md*
8. Full Name of Father *William A. Sullivan*
9. Father's Occupation *Career & Provision*
10. Father's Birthplace *A. A. County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. A. Sullivan*
- Address *No. 3 Claymont Row*
- Remarks *All Well*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35505

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth 5th December
4. Place of Birth, (Street and Number) 70 Hamburg St
5. Full Name of Mother Annie Fliskey
6. Mother's Maiden Name " Henry
7. Mother's Birthplace Baltimore
8. Full Name of Father Albert Fliskey
9. Father's Occupation Police officer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. W. W. Phelps M.D.
- Address 57. Bannock
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

5<sup>th</sup> of December

4. Place of Birth (Street and Number)

38 Fulton St.

5. Full Name of Mother

Emma R. Soine

6. Mother's Maiden Name

Emma K. Sigel

7. Mother's Birthplace

Unity, Ohio

8. Full Name of Father

C. W. Soine

9. Father's Occupation

Merchant

10. Father's Birthplace

Credznoek, Germany.

Name of Medical Attendant, or other Person who makes this Return.

J. Wm. Wells M.D.

Address

No 18. So Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC 17 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 5 1879
4. Place of Birth (Street and Number) No 62 Charm Street
5. Full Name of Mother Ann M. M. M.
6. Mother's Maiden Name Ann M. M.
7. Mother's Birthplace Germany
8. Full Name of Father Henry M. M.
9. Father's Occupation Labour
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. M. M. M.
- Address No 11 Charm Street
- Remarks Married last night during illness

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35308

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

HF 12 1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth Nov. 5th
4. Place of Birth, (Street and Number) Baltimore No. 11 Bond St
5. Full Name of Mother Mary Loren
6. Mother's Maiden Name Bright
7. Mother's Birthplace Baltimore
8. Full Name of Father Harry Loren
9. Father's Occupation Brother Keeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Samuel Wilson
- Address 199 Howard St
- Remarks \_\_\_\_\_

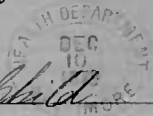
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec. 5th 1879
4. Place of Birth, (Street and Number) No. 12 Little Church st
5. Full Name of Mother Mary Stickley
6. Mother's Maiden Name Berman
7. Mother's Birthplace America
8. Full Name of Father Friedrich Stickley
9. Father's Occupation Clock
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife
- Address 330 Hanover st.
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35570

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup> child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec. 5<sup>th</sup> 1879
4. Place of Birth, (Street and Number) No. 7 Bruce Street
5. Full Name of Mother Mary Josephine Haffington
6. Mother's Maiden Name " " Jacob
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Henry Clay Haffington
9. Father's Occupation Medicine
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Susan Hunter
- Address 21 N. Poppleton St
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December the 5<sup>th</sup> 1879
4. Place of Birth, (Street and Number) No. 32 South Poppleton St
5. Full Name of Mother Martha H. Monthly
6. Mother's Maiden Name Martha H. Hushback
7. Mother's Birthplace Baltimore City
8. Full Name of Father Joseph Monthly
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Susan Hunter
- Address 21 S. Poppleton St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Dec. 3, 1879

4. Place of Birth, (Street and Number) Barnehal Alley No 7

5. Full Name of Mother Ayres Schramm

6. Mother's Maiden Name Exhalt

7. Mother's Birthplace Herschfeld Prussia

8. Full Name of Father Johann Schramm

9. Father's Occupation Labrer

10. Father's Birthplace Hauptenberg Prussia

Name of Medical Attendant, or other Person who makes this return. Wm. Straupach

Address L. Wolfsthal No 14

Remarks Wm. Straupach

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 5<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *20 1/2 Augusta St.*
5. Full Name of Mother *Levina S. Chapman*
6. Mother's Maiden Name *Selma S. Little*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Jonathan S. Chapman*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Hock and*
- Address *75 C. Baltimore St.*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Boy Male Child*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Dec 5 1890*
4. Place of Birth (Street and Number) *No 1 Spring Garden Ave*
5. Full Name of Mother *Flah Willa maddock*
6. Mother's Maiden Name *Baltimore*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Wilson*
9. Father's Occupation *Coal yard*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Edrimony Perry*
- Address *No 13 neighbor street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

35575  
DEC 11 1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup> Child*  
1. Sex (state whether male or female) *Boys*  
2. Race or Color (if not of the white race) *Weiss*  
3. Date of Birth *geboren den 5<sup>ten</sup> Dezember*  
4. Place of Birth (Street and Number) *N<sup>o</sup> 33 Corleyn Str*  
5. Full Name of Mother *Hildegardt Fischer*  
6. Mother's Maiden Name *Hildegardt Birich*  
7. Mother's Birthplace *Deutschland*  
8. Full Name of Father *Bernhoert Fischer*  
9. Father's Occupation *Kohlenhändler*  
10. Father's Birthplace *Deutschland*  
Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*  
Address *N<sup>o</sup> 19<sup>th</sup> S. Dallow Str*  
Remarks *Heim.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 5<sup>th</sup> 1879
4. Place of Birth (Street and Number) Stirling St 91
5. Full Name of Mother Margaret Fland
6. Mother's Maiden Name Santer Helger
7. Mother's Birthplace Prussia
8. Full Name of Father Joseph Fland
9. Father's Occupation Barman
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. P. Allen
- Address 48 Holland Street
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) African
3. Date of Birth Dec 5<sup>th</sup> 1879
4. Place of Birth (Street and Number) 81 Dover St.
5. Full Name of Mother Mrs. Sarah Whittington
6. Mother's Maiden Name Sarah Beam
7. Mother's Birthplace Calvert Co. Md.
8. Full Name of Father James Whittington
9. Father's Occupation Oyster business
10. Father's Birthplace Somerset Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. W. B. Campbell Jr.
- Address University Hospital
- Remarks City

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33375

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of 2
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth Daughter was December 5
4. Place of Birth, (Street and Number) Dearham Street No. 22 near Long St
5. Full Name of Mother William Taylor Parker Peckar Smith
6. Mother's Maiden Name Smider
7. Mother's Birthplace Baltimore
8. Full Name of Father Gasper Smith
9. Father's Occupation Paper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Anna Campbell
- Address No 9 Son Alley near Eden
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35379

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12<sup>th</sup> Child

1. Sex (state whether male or female)
  2. Race or Color (if not of the white race) White
  3. Date of Birth December the 5<sup>th</sup>
  4. Place of Birth (Street and Number) N. Dallas St. No. 27.
  5. Full Name of Mother Mary E. Lang.
  6. Mother's Maiden Name Mary E. Singler
  7. Mother's Birthplace Alsenstieck, N. Wurtemberg, Germany
  8. Full Name of Father Friedrich Lang
  9. Father's Occupation Taylor
  10. Father's Birthplace Wallendorf, N. Wurtemberg, Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller
- Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35520

DEC

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 5 December
4. Place of Birth (Street and Number) 180 Eden R
5. Full Name of Mother Kattie Holland
6. Mother's Maiden Name Samuel
7. Mother's Birthplace U P
8. Full Name of Father Birney Holland
9. Father's Occupation Blacksmith
10. Father's Birthplace U P
- Name of Medical Attendant, or other Person who makes this Return. Mrs Para Gasper
- Address 326 Leonard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35521

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 5 December
4. Place of Birth (Street and Number) 124 Eden St
5. Full Name of Mother Marie Linck
6. Mother's Maiden Name Karle
7. Mother's Birthplace N. D.
8. Full Name of Father Peter Linck
9. Father's Occupation Workman
10. Father's Birthplace N. D.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casper
- Address 52 E. Howard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35522

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~6th~~ 6th

1. Sex (state whether ~~Male~~ or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 5th

4. Place of Birth (Street and Number)

145

W. D. Calver St.

5. Full Name of Mother

Bertie Nickerson

6. Mother's Maiden Name

Langguth

7. Mother's Birthplace

Germany

8. Full Name of Father

Sam. Nickerson

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Ed. Jordan  
220 E Monument

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33323

TH DEP  
DEC  
1879  
MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. *9: the. ninth*  
1. Sex (state whether Male or Female) *female*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *December 5<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *No. 179 west Pratt st*  
5. Full Name of Mother *Katharina Geidt*  
6. Mother's Maiden Name *Kath. Vierschegnen*  
7. Mother's Birthplace *Germany*  
8. Full Name of Father *Phil Geidt*  
9. Father's Occupation *Shumacher*  
10. Father's Birthplace *Germany*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Schliffer*  
Address *33 S. Howard st*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35324

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth *Dec 5, 1879.*  
4. Place of Birth (Street and Number) *205 Lanvale*  
5. Full Name of Mother *J. Elizabeth Doyle*  
6. Mother's Maiden Name *Russell*  
7. Mother's Birthplace *Maryland*  
8. Full Name of Father *Alfred Courtney Doyle*  
9. Father's Occupation *Clerk*  
10. Father's Birthplace *Maryland*  
Name of Medical Attendant, or other Person who makes this Return. *Dr W. P. Morgan*  
Address *178 Lanvale*  
Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35525

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec. 5th 1879
4. Place of Birth, (Street and Number) No 221 Monmouth St
5. Full Name of Mother Emile Wise
6. Mother's Maiden Name Meyer
7. Mother's Birthplace America
8. Full Name of Father Robert Wise
9. Father's Occupation Machinist
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Schwabher midwife
- Address 330 Hanover St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33526

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



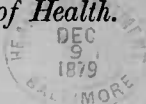
No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Dec 5th 1879  
4. Place of Birth (Street and Number) 446 E. Chase St  
5. Full Name of Mother Nettie Wickey  
6. Mother's Maiden Name Nettie Gardner  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Theincoop Wickey  
9. Father's Occupation Wood Turner  
10. Father's Birthplace Port Deposit  
Name of Medical Attendant, or other Person who makes this Return. A. L. Watson  
Address 437 N. Central Ave.  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) whit
3. Date of Birth Decemb. 5. 1879
4. Place of Birth (Street and Number) 22 Oliver St
5. Full Name of Mother Margaret Fitzpatrick
6. Mother's Maiden Name " McGormie
7. Mother's Birthplace Connecticut
8. Full Name of Father A. H. Fitzpatrick
9. Father's Occupation city car driver
10. Father's Birthplace N. Y.
- Name of Medical Attendant, or other Person who makes this Return. D. Lane Danyhisi
- Address 129 W. Biddle St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) wht.
3. Date of Birth Decemb. 5. 1879
4. Place of Birth (Street and Number) 276 Park ave
5. Full Name of Mother Margaret Benson
6. Mother's Maiden Name Eggen
7. Mother's Birthplace N. Y.
8. Full Name of Father Frank Benson
9. Father's Occupation city car conductor
10. Father's Birthplace Canada
- Name of Medical Attendant, or other Person who makes this Return. Dr. Sam. Danvers
- Address 129 W. Biddle
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *The 6 of December*
4. Place of Birth (Street and Number) *No 241 Central Avenue, East Baltimore*
5. Full Name of Mother *Louisa Ulbrich*
6. Mother's Maiden Name *Louisa Pau*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Pau*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Cristina Tauer*
- Address *177 Thackeray*
- Remarks *1524*



CITY HALL  
BALTIMORE 2, MARYLAND

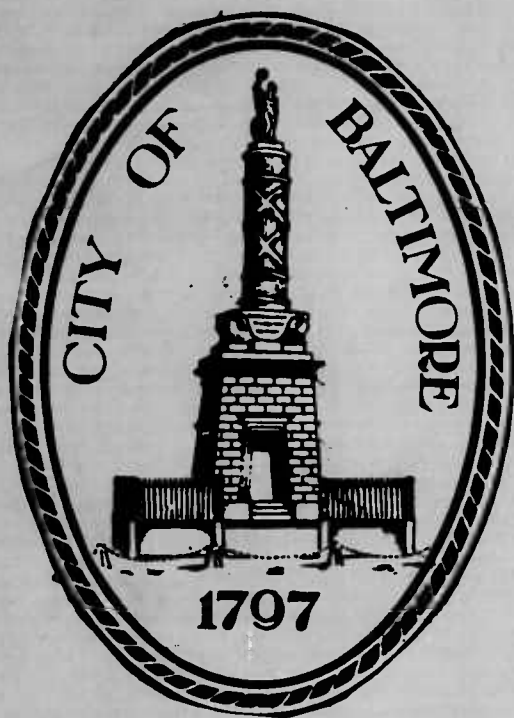
DEPARTMENT OF LEGISLATIVE REFERENCE  
RECORDS MANAGEMENT DIVISION

## CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 17th DAY of  
OF 1963 THE MICROPHOTOGRAPHS APPEARING  
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BUREAU OF Vital Statistics AS DELIVERED  
IN THE REGULAR COURSE OF BUSINESS FOR  
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TO THE BEST OF MY KNOWLEDGE THE MICROFILM  
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU  
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CAMERA OPERATOR: Ronald J. Hickey



**END OF REEL**